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HEALTH COMMISSION
COMMITTEE ASSIGNMENTS AND MEETING DATES

2001

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN)

Edward A. Chow, M.D., Chair
Roma P. Guy, MSW, Member

4th Tuesdays, 3:00 - 5:00 p.m.
2789 – 25th Street at Potrero,
Room 2001

JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL (LHH)

John Umekubo, M.D., Chair
Arthur M. Jackson

2nd Fridays, 9:30 - 11:30 a.m.
LHH Conference Room B-102

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION (PH&P)

Harrison Parker, Chair
Edward A. Chow, M.D., Member

2nd Mondays, 3:00 – 5:00 p.m.
101 Grove Street, Room #220

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH)

Lee Ann Monfredini, Chair
John Umekubo, M.D., Member

2nd Tuesdays, 3:45 - 5:30 p.m.
SFGH Conference Room 2A6

BUDGET COMMITTEE

David J. Sanchez, Jr., Ph.D., Chair
Arthur M. Jackson
Lee Ann Monfredini

1st and 3rd Tuesdays
2:00 or 2:30 p.m. (refer to Agenda)
101 Grove Street, Room #300

IHSS PUBLIC AUTHORITY

Harrison Parker, Sr., DDS

S.F. HEALTH AUTHORITY

David J. Sanchez, Jr., Ph.D.

SFGH FOUNDATION

David J. Sanchez, Jr., Ph.D.

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Note: Call the Commission Office at 554-2666 to confirm meeting dates/times.

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Health Commission Committee Meetings
2001 Dates

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Joint Conference Committee for San Francisco General Hospital

2nd Tuesday - 3:45 p.m. to 5:30 p.m.
SFGH, Conference Room #2A6

January 30
February 13
March 13
April 10
May 8
June 12
July 10
August 14
September 11
October 9
November 13
December 11

Joint Conference Committee for Laguna Honda Hospital

2nd Friday - 9:30 a.m. to 11:30 a.m.
LHH Conference Room #B102

January 12
February 16 (8am-10am)
March 9
April 13
May 11
June 8
July 13
August 10
September 14
October 12
November 9
December 14

Joint Conference Committee for Community Health Network

4th Tuesday - 3:00 to 5:00 p.m.
2789 – 25th Street at Potrero, Room 2001

January 23
February - none
March 22
April 24
May 22
June 26
July 24
August 28
September 25
October 23
November 27
December (to be determined)

Joint Conference Committee for Population Health and Prevention

2nd Monday - 3:00 p.m. – 5:00p.m.
101 Grove Street, Room #220

January 23
February - none
March 12
April 9
May 14
June 11
July 9
August 13
September 10
October (to be determined)
November 12
December 10

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Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

dward A. Chow, M.D.
mmissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

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AGENDA

HEALTH COMMISSION MEETING

January 9, 2001
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF THE REGULAR MEETINGS OF DECEMBER 5 AND 12, 2000**

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **AIDS Office** – Request for approval of a contract renewal with Better World Advertising in the amount of $120,000, for the provision of HIV prevention social marketing and media development services, for the period of January 1, 2001 through December 31, 2001. (DPH contracted with Better World for services totaling $ 99,774 during FY 99-2000).
* Calendaring request memo, Client demographic information form, Monitoring report summary

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(3.2) **AIDS Office** – Request for approval of a contract renewal with Haight Ashbury Free Clinics Inc. (HAFC) in the amount of $105,649, for the provision of HIV prevention outreach services targeting women, for the period of January 1, 2001 through December 31, 2001. (DPH contracted with HAFC for services totaling $9,781,206 during FY 99-2000).
* Calendaring request memo, Client demographic information form, Monitoring report summary

(3.3) **AIDS Office** – Request for approval of a sole source and a new contract with Survey Methods Group in the amount of $151,200, to provide San Francisco Behavioral Risk Factor Survey services, for the period of January 1, 2001 through June 30, 2001.
* Calendaring request memo, Client demographic information form

(3.4) **PHP-CMHS** – Request for approval of a retroactive contract renewal with San Francisco Psychoanalytic Institute and Society (SFPIS) in the amount of $93,240 per year for a total contract amount of $372,960, for the provision of Quality Child Care Consultation Services targeting center-based and family child care providers, for the period of July 1, 2000 through June 30, 2004. (DPH contracted with SFPIS for services totaling $80,000 during FY 99-2000).
* Calendaring request memo, Client demographic information form

(3.5) **PHP-CMHS** – Request for approval of a retroactive contract renewal with Homeless Children's' Network (HCN) in the amount of $142,889 per year for a total contract amount of $571,556, to provide Quality Child Care service targeting center-based and family child care providers and therapy to homeless children in shelters, for the period of July 1, 2000 through June 30, 2004. (DPH contracted with HCN for services totaling $130,532 during FY 99-2000).
* Calendaring request memo, Client demographic information form, Monitoring report summary

(3.6) **PHP-CMHS** – Request for approval of a retroactive contract renewal with the Regents of the University of California San Francisco, Clinical Practice Group, in the amount of $511,814 to renew the Single Point of Responsibility Program serving severely mentally ill adults, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Regents UCSF for services totaling $13,999,667 during FY 99-2000).
* Calendaring request memo, Client demographic information form, Monitoring report summary

(3.7) **PHP-CMHS** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc. (WCMHC), in the amount of $1,627,993, to renew a Single Point of Responsibility program serving severely mentally ill adults, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with WCMHC for services totaling $9,996,940 during FY 99-2000).
* Calendaring request memo, Client demographic information form, Monitoring report summary, Memo and Plan of Correction from WCMHC, Memo from Linda Wang to WCMHC

(3.8) **PHP-CMHS** – Request for approval of a retroactive contract renewal with Children's Council of San Francisco (CCSF) in the amount of $171,760 per year for a total contract amount of $687,040, for the provision of Quality Child Care Consultation Services targeting center-based and family child care providers, for the period of July 1, 2000 through June 30, 2004. (DPH contracted with CCSF for services totaling $151,000 during FY 99-2000).
* Calendaring request memo

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **FOR DISCUSSION:** **PRESENTATION OF JAIL HEALTH SERVICES**

6) **TIME SPECIFIC 4:15 PM FOR DISCUSSION AND PROPOSED ACTION:** **PRESENTATION OF A PROPOSAL AND CONSIDERATION OF A RESOLUTION FOR THE SAN FRANCISCO GENERAL HOSPITAL REPLACEMENT FACILITY**

7) **OTHER BUSINESS/PUBLIC COMMENTS****

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone:	(415) 554-7724
Fax:	(415) 554-5163
E-mail:	Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us.**

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City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Vice President

Edward A. Chow, M.D.
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Commissioner

Harrison Parker, Sr., D.D.S.
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David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

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Sandy Ouye Mori
Executive Secretary

Tel. **(415) 554-2666**
FAX (415) 554-2665

Web Site: ***http//www.dph.sf.ca.us***

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, January 9, 2001
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 3:05 p.m.

Present:	Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D. Commissioner John I. Umekubo, M.D.
Absent:	Commissioner Edward A. Chow, M.D.

Due to the public disturbance at the December 12th meeting, the Commission continued the presentation of the Department of Public Health Employee Recognition Award. On behalf of the Commission, President Guy presented the award to:

Individual Nominees	Division	Nominated by
David Cassell, Senior Psychiatric Social Worker	Community Mental Health, Quality Management	Bill McConnell, Associate Director of Quality Management

2) APPROVAL OF THE OF MINUTES OF THE REGULAR MEETINGS OF DECEMBER 5 AND 12, 2000

Action Taken: The Commission unanimously adopted the minutes of December 5 and 12, 2000.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) AIDS Office – Request for approval of a contract renewal with Better World Advertising in the amount of $120,000, for the provision of HIV prevention social marketing and media development services, for the period of January 1, 2001 through December 31, 2001. (DPH contracted with Better World for services totaling $ 99,774 during FY 1999-2000).

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Commissioner Sanchez abstained due to conflict of interest.

(3.7) PHP-CMHS – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc. (WCMHC), in the amount of $1,627,993, to renew a Single Point of Responsibility program serving severely mentally ill adults, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with WCMHC for services totaling $9,996,940 during FY 1999-2000).

The Department reported improvements by the contractor for this program.

(3.8) PHP-CMHS – Request for approval of a retroactive contract renewal with Children's Council of San Francisco (CCSF), in the amount of $171,760 per year for a total contract amount of $687,040, for the provision of Quality Child Care Consultation Services targeting center-based and family child care providers, for the period of July 1, 2000 through June 30, 2004. (DPH contracted with CCSF for services totaling $151,000 during FY 1999-2000).

Action Taken: The Commission approved the consent calendar of the Budget Committee, with Commissioner Sanchez abstaining on #3.6.

4) FOR DISCUSSION: DIRECTOR'S REPORT
(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

Dr. Katz's Month on the Medical Wards of San Francisco General Hospital
As in past years, Dr. Katz very much enjoyed attending on the inpatient ward at San Francisco General Hospital. His annual December stint at the hospital keeps him in touch with the clinical and social needs of patients, as well as the challenges and successes of staff.

Overall, Dr. Katz thinks there is no better public hospital in the United States for delivering humane, culturally competent, and cost-effective care. Compared to prior years, he believes there has been significant improvement in the ability to care for patients in the most appropriate settings. Physician, nursing, and social work staff have greatly improved coordination of discharge options for the patients. The policy of making the patients of SFGH the first priority for other DPH facilities, including Laguna Honda, the MHRF, supportive housing programs, and substance abuse programs have made it markedly easier to move patients across the continuum of care, resulting in better service and lower costs. The new initiatives, especially the soft-tissue infection clinic, which Dr. Katz visited during this attending month, have also helped to decrease the need for acute hospitalization while improving the quality of care.

One area where he noted greater difficulty than in past years is in hiring sufficient nursing staff. As the Commission is aware, there is a national nursing shortage. Moreover, the high cost of living in San Francisco has made it less attractive for nurses to move here to take jobs. The result has been that the Department has not been able to hire as many nurses, or hire them as quickly. It is not a financial issue; it is a human resource issue. Some new initiatives, such as the discharge lounge, may help to decompress the hospital so that there are more available staffed beds for those patients who need it, but this alone will not be sufficient. Ms. O'Connell is currently researching a variety of short and long-term strategies, including having a nurse recruiter at the hospital, and identifying sleep rooms for travelling nurses. It is likely that until there are additional intensive care nurses there will be a need to use the Recovery Room for patient overflow.

Dr. Katz thanked the Health Commission for giving him the opportunity to nourish his clinical life, and his terrific staff for filling in for him on days when he did not get back to the office till after dark.

Federal Budget
On December 21, President Clinton signed an Omnibus Appropriations Bill that included a $108.9 billion Labor-Education-Health and Human Services spending bill. The bill included a Balanced Budget Act relief package, provisions to expand health coverage to children, increased funding for HIV/AIDS services, and specific earmarks for health services in San Francisco. In total, the federal government enacted a record budget of $634 billion for FY 2001.

The Benefits Improvement and Protection Act of 2000 (BIPA) provides $35 billion over the next five years to increase provider payments for hospitals, nursing homes, home health agencies, managed care plans and other providers that were disproportionately affected by the Balanced Budget Act of 1997. The beneficiary improvements include an additional year extension of Medicaid coverage for people leaving welfare for work and expansion of preventive benefits to Medicare beneficiaries. Further, BIPA permits States to enroll uninsured children into the Medicaid or S-CHIP programs at schools, child support enforcement agencies, homeless shelters, public housing projects, and other sites. To grant providers needed relief from the effects of the Balanced Budget Act of 1997, BIPA freezes the cuts that were scheduled for 2001 and 2002 in the Medicaid Disproportionate Share Hospital (DSH) program, implements a new cost-based prospective payment system for Federally Qualified Health Centers (FQHCs), and provides that States will have to cover the difference between managed care reimbursement and costs for FQHCs.

Funding for HIV/AIDS services under the Ryan White CARE Act were increased by $213 million over last year's allocation, bringing the total budget for the CARE Act to $1.8 billion for fiscal year 2001. Funding for AIDS-related research at the National Institutes of Health was increased by $261 million.

The Omnibus Spending Bill also included two earmarks for health care in San Francisco. The appropriations bill provides $1.105 million for San Francisco's Treatment on Demand Initiative and $1.105 million for HIV/AIDS care for women and people of color at San Francisco General Hospital. Congresswoman Nancy Pelosi was instrumental in ensuring that funding for these critical health care programs was included for San Francisco.

Governor Davis' State of the State Address

Last night Governor Gray Davis gave his Annual State of the State Address. The State of the State Address provides a framework for how the Governor will approach his proposed budget. The Governor will release his proposed 2001-02 budget on Wednesday, January 10, 2001.

The State of the State Address focuses on the following areas: (1) energy, (2) education, and (3) accomplishments over the past two years of the Governor's administration. With respect to health care the Governor's comments were limited to the Healthy Families Program. As noted in this Director's Report, the State has submitted a proposal to expand the Healthy Families Program to parents of enrolled children. The Governor restated his commitment to ensuring expanded coverage for this uninsured population. The Governor anticipates providing health care coverage for 290,000 currently uninsured working parents.

The Governor stressed that while California's economy remains "fundamentally strong," he also indicated that our economy was re-stabilizing and that "fiscal constraint is more important than ever." Those comments may set the stage for how expansive the Governor will be in the area of health services beyond expansion of the Healthy Families Program. Other key components of the Governor's State of the State Address were:

- a $1 billion set aside to stabilize the supply and price of electricity, and
- an extension of the public school year by 30 days.

The Department will continue to keep the Health Commission apprised of any development that occurs as the Governor releases his proposed 2001-2002 Budget and that budget winds its way through the legislative process.

Proposition 36 Update

On Tuesday, January 2, 2001, the California Department of Alcohol and Drug Programs (DADP) released the figures for the FY 2000-01 funding allocation to Counties under Proposition 36. Called the Substance Abuse and Crime Prevention Act of 2000, the initiative provides $60 millions statewide in the current fiscal year for start-up costs, and $120 millions annually thereafter for drug treatment services in FY 2001-02 through FY 2005-06. San Francisco will receive $2.3 million for this fiscal year. The allocation formula developed by DADP is based 50% on population, 25% on drug arrests and 25% on current drug treatment caseload. This formula applies specifically to FY 2000-01 and it is unclear whether a different formula will be developed for future fiscal years.

In order to receive funds, Counties must submit to DADP a Board of Supervisors resolution that: designates a lead agency within the County; specifies the County's agreement to comply with the provisions of the Act; and assures the establishment of a local trust account for Proposition 36 funds. Department staff is working with the District Attorney, Board of Supervisors, the Mayor's office and other affected departments to expedite compliance with these requirements and ensure that any future funding formula is based upon need.

Healthy Families Expansion

Dr. Katz reported that on December 20, Governor Davis submitted an 1115 Waiver demonstration for the Healthy Families program to the federal Health Care Financing Administration. The waiver proposes to extend Healthy Families coverage to the parents of Healthy Families or Medi-Cal eligible children. The Department fully supports an extension of the Healthy Families program. By expanding health care coverage to parents, the State's objectives are to increase the number of children in Healthy Families by offering parental coverage, improve the health status of families, and provide coverage to uninsured Californians who do not have an affordable insurance option available to them.

Key points of the program proposal include:

- Covering parents up to 200% of the federal poverty level
- The State anticipates coverage for almost 300,000 parents in California.
- Parents will qualify for Healthy Families without regard to family assets; therefore, some parents who do not qualify for Medi-Cal due to their assets may qualify for Healthy Families.
- Benefits mimic the State employees' benefit package, including dental and vision.
- Parents will pay monthly premiums of $20 or $25 per adult based on the family's income, and receive a $3 discount for choosing the Community Provider Plan.
- Parents with employer-sponsored coverage in the past three months will not be eligible for Healthy Families coverage.

If this waiver is approved by the Federal government in February 2001, then the State anticipates implementing the program July 2001. The State is holding two forums to receive public input on the waiver proposal. As with the initial planning and implementation of Healthy Families, the Department will comment on this new expansion. The Department will keep the Health Commission informed of this effort as it proceeds.

Long-Term Care Innovation Grant

On January 2, 2001, as part of the Governor's Aging with Dignity Initiative, the California Department of Aging selected the San Francisco Department of Aging and Adult Services to receive a $1.7 million Long-Term Care (LTC) Innovation grant award. The proposal funded by this grant (one of over 190 submitted) was developed jointly by the Department of Public Health and the Department of Aging and Adult Services. The proposal is for the development of S.F.-GetCare: A Web-Based Information System for Integrating Community-Based Long-Term Care Services in San Francisco. S.F.-GetCare will increase access to community-based LTC services, ensure appropriate service placement, and enhance overall LTC system efficiency and quality of care.

The collaborative partner for this project is RTZ Associates, an information technology firm with a background in program-based, policy-oriented research and consulting exclusively for the community-based LTC industry. The Department of Public Health will also be a collaborative partner. Bill Haskell, the LTC Pilot Project Coordinator, will be funded through this grant. He will act as a liaison between: (1) RTZ Associates; (2) the Department of Aging and Adult Services; (3) the Department of Public Health; (4) the LTC Pilot Project Task Force; (5) the California Department of Aging; and (6) the California Department of Health Services, Office of Long-Term Care. The grant runs for 17 months, from February 1, 2001 to June 30, 2002. This award represents a real opportunity to improve San Francisco's LTC service delivery system.

POPULATION HEALTH AND PREVENTION

McKinney Funding

The City and County of San Francisco were awarded $14.9 million in McKinney Homeless Assistance funds. It was a dramatic increase from last years approximately $6 million. All of this money goes to renewing grants to projects funded in previous rounds. Many projects important to the Department and the clients served received renewal funding, including transitional housing for homeless families with mental health issues, safe haven housing for multiply diagnosed women, residential services for youth, housing for victims of domestic violence, employment services for homeless people, and housing for veterans. There were several projects that did not receive renewals. One that is of particular concern to the Department is the Dolores Hotel, a transitional housing project for persons with mental illness. The Department will be exploring alternative funding sources to ensure that this project remains viable.

Balboa High School Shooting

On Wednesday January 3. 2001, DPH was notified by a psychiatrist at the Children's System of Care unit that there had been a shoot-out at Balboa High School and that the entire school was locked down. The Police Department asked for activation of the DPH counseling response plan. LaDonnis Elston and Sai-Ling Chan-Sew and the Child Crisis staff went to the school immediately, attended a debriefing meeting with parents and youth that witnessed the incident. With the mobilization of almost the entire staff (10) from Child Crisis, CMHS provided extensive grief counseling and de-briefing services. Staff from the School Health Office and the Balboa Teen Clinic was also involved. Word from the SFPD (Sgt. Jerry Salvador in Special Ops) was that the DPH response was invaluable.

January is Chlamydia Screening Month

In collaboration with the San Francisco Health Plan, which has declared January to be Chlamydia Screening Month, the STD Program prepared STD packets, which are to be distributed to 100 Health Plan providers. The packets contain information about City Clinic, STD fact sheets, CDC treatment guidelines and a letter asking providers to participate in Chlamydia Screening Month by screening their eligible clients for chlamydia.

CSAS - Bridging the Gap Conference

On January 11th and 12th the San Francisco Department of Public Health will present Bridging the Gap in San Francisco: Harm Reduction Research, Policy and Practice. The conference will feature speakers from around the country and will examine a wide range of issues related to harm reduction.

Commissioner Umekubo will be presenting on the Drug Policy panel. Dr. Katz thanked Alice Gleghorn and her staff for all of their work on the conference.

COMMUNITY HEALTH NETWORK

January 3, 2001 San Francisco General Hospital Plant Services Incident Report

During the scheduled commercial power failure drill conducted at 0630 on Wednesday January 3, 2000, an internal emergency power distribution buss failed. This resulted in partial power failure in critical areas of the hospital for a duration of ten hours. This was not a complete failure of the power system. The areas that experienced a partial power loss were: the Emergency Department; Trauma Rooms 1 and 2; Stat Lab; Clinical Laboratory; ICUs 5E (3 rooms) and 4E (4 rooms); 6C, Nuclear Medicine; 1st Floor Pharmacy; Operating Rooms 5, 6, 7, and 8; Cysto Rooms 1 and 2; paging server, and the Cat Scan in Radiology. At 0730 - 0830 auxiliary power was supplied to critical areas through extension cords.

The cause of the failure was fatigued lug nuts securing the three-phase buss into the emergency power switchgear, F4-4. Due to expansion over time and cyclic fatigue, the bolts became loose and the subsequent heat generated caused extensive arcing. This caused the buss to fail. Replacement may take as long as six weeks to complete due to the availability of the parts.

Temporary repairs have been complete and power was restored by 1630 with an all clear to the building occupants by 1730.

Preventative maintenance measures failed to identify this buss as a possible problem. A review of these measures is underway. Plans to survey and inspect the entire hospital distribution system are also underway.

Expanded Services for Employee Needlestick Hotline

The Occupational Health Service [OHS] at SFGH, in collaboration with the Worker's Compensation Division of the City and County of San Francisco, is offering a new service to all CCSF employees. The Needlestick Hotline, which was previously only available to DPH employees, will now be open to employees of all City Departments on a 24-hour basis. (Hotline number is 415-469-4411). OHS clinicians with experience in occupational infectious diseases will provide coverage for this new program. For more information please call Maggie Rykowski, RN, MS, OHS Director, at 206-4294.

SFGH Bed Utilization Committee Report

The Bed Utilization Committee was convened in August 2000 in anticipation of a high winter census and charged with developing strategies for improving patient flow, decreasing patient wait times in the Emergency Department, and maximizing efficient bed utilization.

The Committee included representatives from Nursing, Medical Staff, Quality Management, Utilization Review, Social Services, Pharmacy, and Environmental Services.

Highlights of the Committee's work include:

1. The Patient Discharge Lounge was opened on December 11, 2000. A comfortable environment is provided for patients waiting for discharge medications, transportation, and placement reservations. 15-18 patients have utilized the Lounge every week since opening.

2. The Pharmacy developed an internal "alert" system to prioritize discharge prescriptions processing and worked with the Messenger Service to expedite the delivery of medications to the Patient Discharge Lounge.

3. Ten or more patients are waiting in the Emergency Department for bed placement. The hospital has only needed to implement "Condition Yellow" twice.

4. A "Condition Red" algorithm has been drafted to address immediate patient flow issues when all the following conditions occur: A "Condition Yellow" algorithm was developed to address immediate patient flow issues when

   - Ten or more patients are waiting for bed placement,
   - The post anesthesia recovery area is at capacity, and
   - Only one critical care bed is available with no pending transfers.

When the above conditions exist indicating that the hospital has marginal capacity to accept incoming patients, a "Condition Red" and internal Level 1 Disaster will be initiated by the Administrator on Duty to focus and further identify resources needed to address the critical patient flow issues. The "Condition Red" draft will be reviewed in January by the Medical Executive and Hospital Executive Committees.

As a result of the Bed Utilization Committee's work, Alan Gelb, M.D., Chief of Staff, reported that no patients have waited over 24 hours in the Emergency Department and total diversion has steadily decreased over the last three months. In addition, since September 2000, none of the Operating Room cancellations are due to PACU bed unavailability. The Bed Utilization Committee will continue to monitor events in January and February to determine if the strategies implemented are sufficient.

SFGHMC Annual Skilled Nursing Facility Survey

On Wednesday, January 3rd, the California Department of Health Services began their annual unannounced Licensing and Recertification Survey of San Francisco General Hospital Medical Center's Skilled Nursing areas that includes Unit (4A) and the Mental Health Rehabilitation Facility. This is a five-day survey, which will conclude on Tuesday, January 9th. Dr. Katz will continue to update the Health Commission, as more information becomes available at the conclusion of the survey.

Commissioner Parker requested clarification of the Proposition 36 allocation to San Francisco. He also commented that the shortage of nurses has always been a problem and should have been addressed years ago.

Commissioner Umekubo inquired about the short term and long term solution for the nursing shortage and other labor areas (i.e., pharmacists). He also asked about improvements in the enrollment to the Healthy Families Program in San Francisco.

Commissioner Sanchez pointed out the need for dialogue with the State and nursing schools on recruitment programs for nursing and pharmacy.

President Guy commented on the need for academic and citywide pressure on the nursing shortage. She also questioned whether the expansion of coverage of parents on the Healthy Families Program would result in increases in enrollment.

5) PRESENTATION OF JAIL HEALTH SERVICES

Dr. Melissa Welch, CHN Chief Medical Officer, introduced Dr. Joe Goldenson, Medical Director of Jail Health Services; and Jo Robinson, Assistant Director of Jail Health Services and Director of Jail Psychiatric Services. They presented a summary of health care services provided through Jail Health Services of the CHN, background information on Correctional Health Care, and a summary of FY 2001-02 Budget request. A copy of the full report is available in the Commission Office. Subject areas covered were:

- Disease Rates on the Incarcerated
- Mentally Ill in the S.F. County Jail
- Suicide in Jails
- Substance Abuse
- Issues in Correctional Health Care
- Public Health Opportunities
- Challenges
- Mission and Vision Statements

Commissioners inquired about the TB rates, HIV testing, general health assessments, linkages between jail health services and the CHN staffing, medication compliance by the mentally ill prisoners, and assignment criteria for housing of prisoners.

President Guy expressed deep appreciation and acknowledgment of the hard work for Jail health Services by Dr. Goldenson and Ms. Robinson.

6) TIME SPECIFIC: 4:15 PM

PRESENTATION OF A PROPOSAL AND CONSIDERATION OF A RESOLUTION FOR THE SAN FRANCISCO GENERAL HOSPITAL REPLACEMENT FACILITY

Dr. Katz introduced City Attorney Louise Renne, who will Co-Chair with him the Planning Committee to rebuild a new conforming San Francisco General Hospital by year 2013, consistent with SB 1801 (Speier).

City Attorney Renne expressed her willingness to do anything Dr. Katz requests. She believes SFGH is an important part of health care in San Francisco. She also thinks this would be a difficult bond, which would need a broad-based coalition and an open planning process.

Commissioner Monfredini expressed her support to assist City Attorney Renne.

President Guy advocated for an open public process. She expressed appreciation of City Attorney Renne's leadership. President Guy encouraged discussions to take place at the JCC-SFGH.

Gene O'Connell, SFGH Executive Administrator, presented the planning model, membership of committees, and a timetable (Attachment A) for the SFGH rebuild.

Action Taken: The Commission unanimously adopted Resolution #1-01, entitled: “Supporting the Rebuilding of San Francisco General Hospital”, (Attachment B).

Commissioner Sanchez stated the willingness of the diverse populations in the City to participate in this rebuild project.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:50 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, MD
Director of Health

MEMORANDUM

DATE: January 2, 2001

TO: President Roma Guy
and Members of the Health Commission

FROM: Gene O'Connell GOC
Executive Administrator
San Francisco General Hospital Medical Center

THRU: Anthony G. Wagner
Executive Administrator
Community Health Network of San Francisco

Mitchell Katz, MD
Director of Health

RE: **Replacement of San Francisco General Hospital**

At the December 5th, 2000 Health Commission meeting, the implications of Senate Bill 1953(Alquist) and Senate Bill 1801 (Speier) on San Francisco General Hospital were presented and discussed. At the conclusion of the meeting, the Health Commission asked the Department of Public Health to return to Health Commission with a proposal to rebuild a new conforming hospital by Year 2013 consistent with Senate Bill 1801.

Attached for your review and approval is a formal resolution to direct the Department to commence a planning process to replace San Francisco General Hospital by Year 2013 so as to meet the requirements of Senate Bill 1801. The Department also respectfully requests that the Health Commission approve the direction of the rebuild planning process. A description of the planning process as well as the timetable considerations to place a bond on the November 6th, 2001 ballot have been attached for your review.

(415) 554-2600 101 Grove Street San Francisco, CA 94102-4593

Planning Model

Due to the effectiveness of Laguna Honda Hospital Rebuild project's planning model, the Department of Public Health will adopt the same model in planning San Francisco General Hospital's rebuild. Like Laguna Honda's Rebuild model, San Francisco General Hospital Rebuilds planning model will consist of a planning committee with subcommittees focused on the finance, technical and program aspects that need to be considered in the rebuild. Each of the subcommittees will report their recommendations to the Planning Committee on a standing basis and from their recommendations, the Planning Committee will develop and determine the final recommendations to be forwarded to the Health Commission for review and approval. Consequently, the final recommendations would be forwarded to the Capital Improvement Advisory Committee (CIAC) to review and recommend to the Board of Supervisors to be considered as a bond measure on the November 6, 2001 ballot.

Membership of Committees

Membership of the overall planning committee and each of the subcommittees is crucial to the success of the final recommendations. Membership of the overall planning committee will consist of representatives from SFGH leadership, CHN leadership, DPH leadership, Labor, Public Works, Office of the City's Attorney, Trades Council, Local architects, Community leaders, patient advocates and the University of California at San Francisco (UCSF).

The Chairs of the Planning Committee will be Louise Renne, City Attorney and Mitch Katz, MD, Director of Health.

Membership of each of the subcommittees is still being developed. Members who possess the needed knowledge bases in each of the respective areas of program, technical, and finance will be invited to participate in the subcommittees.

All meetings will be open to the Public. The agenda, minutes, and briefings for the Committee will be available through the DPH Web Site.

Timetable Considerations

12/31/00	Seismic Safety Evaluation Submitted to OSHPD
01/09/01	Resolution by Health Commission endorsing intent of SFGH replacement project
01/10/01	Invitations to join Planning Committee and Subcommittees
01/15/01	First meetings/briefings of committee members
	Development of financial analysis
02/12/01	Preliminary conclusions presented to Planning Committee
02/15/01	Update to Community Advisory Board
02/20/01	Update to Health Commission
	Development of bond report sections

03/7/01	Final conclusions presented to Planning Committee
03/20/01	Presentation to Health Commission on final recommendation
03/21/01	Submittal of bond report to CIAC departments for review
03/22/01	Update to Community Advisory Board
	Final draft of bond report
04/01/01 +	Initial hearing before CIAC
04/01/01	Public testimony before Board (informational)
04/13/01	Last date for hearings by CIAC
04/28/01	Last date to submit revisions reflecting comments of CIAC and public
05/01/01 +	Hearings before Bd. of Supervisors on ballot measure
05/15/01	Final date for CIAC to review revised bond report and recommend to Board
05/18/01	Final date for introduction of resolution to Board re: ballot measure
06/08/01	Final date for written recommendation from CIAC to Board
07/01/01	Initiation of public campaign (to be performed by DPH staff as volunteers during non work time)
11/06/01	Election
11/12/01	Submit Official Compliance Plan to Health Commission
12/31/01	Deadline to submit official compliance plan to OSHPD

IMPLICATIONS OF CALIFORNIA SENATE BILL 1953 (SB1953) ON SEISMIC SAFETY OF SAN FRANCISCO GENERAL HOSPITAL
CONSIDERATION FOR SFGH BOND

◆ By January 1, 2001, all hospitals in California must file building evaluation reports with the Office of Statewide Health Planning and Development (OSHPD) to comply with SB1953, the Seismic Safety Standards Bill. Each general acute-care inpatient building must be placed into one of five structural performance categories (SPCs) and one of five nonstructural performance categories (NPCs). For both SPCs and NPCs, Category 1 represents "worst" and Category 5 represents "best".
San Francisco General Hospital is a SPC 1/NPC 1.

◆ California Senate Bill 1801 (Speier) was passed in November. It allows hospitals a 5-year extension on meeting 2008 requirements if there is a plan in place to rebuild and meet the 2030 standards.

◆ SB 1953 is an unfunded mandate. There are currently no State or Federal funds available to help hospitals pay for the seismic upgrades required by SB 1953.

◆ By January 1, 2002, all hospitals in California must submit a compliance plan to OSHPD describing how they will meet the seismic safety deadlines set by SB1953. San Francisco General Hospital, with its score of SPC 1, has the following options:

OPTION 1

• Retrofit existing building by 2008. This option funds for relocation of units during construction. There would also be a loss of square footage and 65 beds, once completed.	$365 million
• There would still need to be a conforming building built by 2030.	$755 million
	Total cost: $960 million

OPTION 2

• Take advantage of Speier option (SB1801) and rebuild acute care services by 2013 and meet 2030 requirements.	$465 million

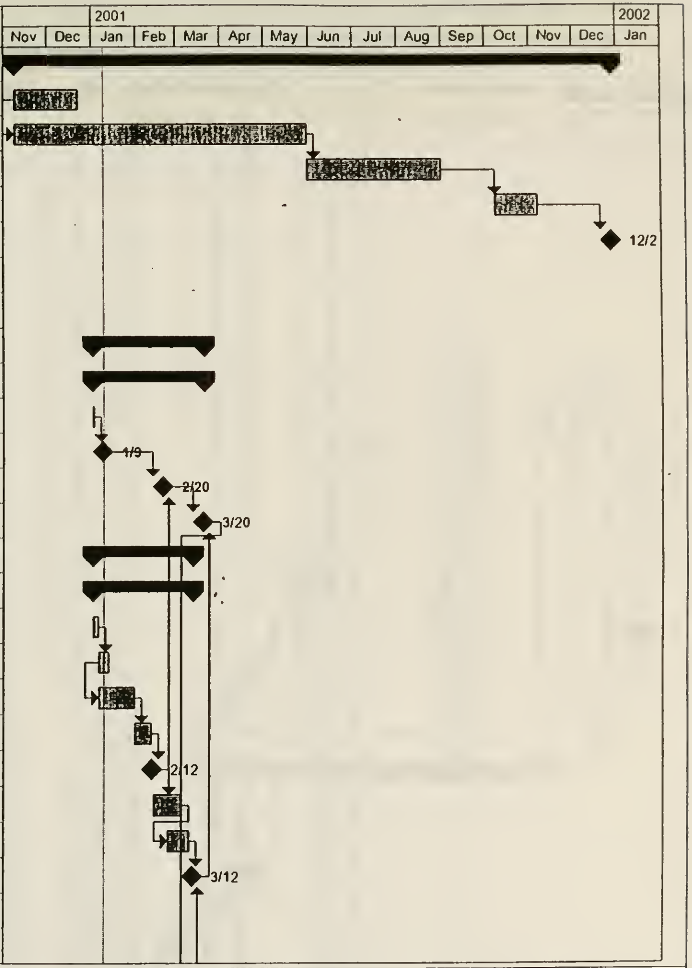
OPTION 3

• Close San Francisco General Hospital to trauma and acute care.	Undefined costs of contracting-out

◆ San Francisco General Hospital must submit the City's decision within the compliance plan to OSHPD, by **January 1, 2002** or be prepared to phase out all acute care services by Year 2008. Therefore, it is urgent for planning to be underway to submit a bond proposal for November 6, 2001 election.

◆ The Health Department believes that Option 2 is the only option that makes sense for San Francisco.

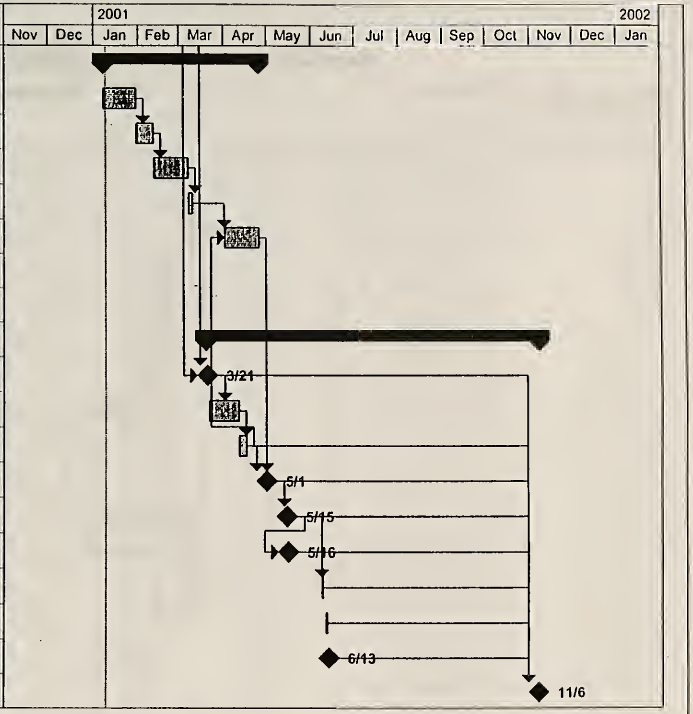
ID	ℹ	Task Name	Duration	Start	Finish
1		**SB 1953**	**415 days**	**Thu 11/9/00**	**Fri 12/28/01**
2	▦	Evaluation Statement	44 days	Thu 11/9/00	Fri 12/22/00
3	▦	Facility Planning Development	203 days	Thu 11/9/00	Wed 5/30/01
4	▦	Compliance Plan Statement	93 days	Thu 5/31/01	Fri 8/31/01
5	▦	Compliance Plan Review	30 days	Mon 10/8/01	Tue 11/6/01
6	▦	Compliance Plan Submittal to OSHPD	1 day	Fri 12/28/01	Fri 12/28/01
7					
8					
9		**PROJECT PLANNING**	**78 days**	**Tue 1/2/01**	**Tue 3/20/01**
10		**Health Commission**	**78 days**	**Tue 1/2/01**	**Tue 3/20/01**
11	▦	HC agenda items drafted	1 day	Tue 1/2/01	Tue 1/2/01
12	▦	Initial resolution	1 day	Tue 1/9/01	Tue 1/9/01
13	▦	Update report from steering	1 day	Tue 2/20/01	Tue 2/20/01
14	▦	Final report and resolution	1 day	Tue 3/20/01	Tue 3/20/01
15		**Project Planning Group**	**70 days**	**Tue 1/2/01**	**Mon 3/12/01**
16		**Subcommittees**	**70 days**	**Tue 1/2/01**	**Mon 3/12/01**
17	▦	Chair briefing	4 days	Tue 1/2/01	Fri 1/5/01
18		Initial committees briefing	7 days	Sat 1/6/01	Fri 1/12/01
19		Scope definition	25 days	Sat 1/6/01	Tue 1/30/01
20		Preliminary report preparation	12 days	Wed 1/31/01	Sun 2/11/01
21		Preliminary report to planning	1 day	Mon 2/12/01	Mon 2/12/01
22		Additional scope	20 days	Tue 2/13/01	Sun 3/4/01
23		Final report draft	15 days	Fri 2/23/01	Fri 3/9/01
24	▦	Final report to planning	1 day	Mon 3/12/01	Mon 3/12/01
25					
26					



Project: 20002601
Date: Tue 1/9/01

Task	▨	Milestone	◆	Rolled Up Split	······	External Tasks	☐
Split	········	Summary	▬	Rolled Up Milestone	◇	Project Summary	▬
Progress	▬	Rolled Up Task	▨	Rolled Up Progress	▬		

ID	ℹ	Task Name	Duration	Start	Finish
27		**BOND REPORT**	108 days	Mon 1/8/01	Wed 4/25/01
23	▣	Develop report background material	23 days	Mon 1/8/01	Tue 1/30/01
29		Develop report draft	12 days	Wed 1/31/01	Sun 2/11/01
3		Revisions	24 days	Mon 2/12/01	Wed 3/7/01
31		Final report submittal	3 days	Thu 3/8/01	Sat 3/10/01
32	▣	Revisions	24 days	Mon 4/2/01	Wed 4/25/01
33					
34					
35		**BOND MEASURE**	232 days	Tue 3/20/01	Tue 11/6/01
36		Draft Bond Report CIAC Submittal	1 day	Wed 3/21/01	Wed 3/21/01
31		CIAC Review	21 days	Thu 3/22/01	Wed 4/11/01
32		CIAC Hearings	5 days	Thu 4/12/01	Mon 4/16/01
39		CIAC Final Revised Report Submitted	1 day	Tue 5/1/01	Tue 5/1/01
40		CIAC Report Final Review	1 day	Tue 5/15/01	Tue 5/15/01
41	▣	Resolution to Board	1 day	Wed 5/16/01	Wed 5/16/01
40		Follow-up CIAC Meeting	1 day	Fri 6/8/01	Fri 6/8/01
40		Final CIAC Written Recommendation	1 day	Mon 6/11/01	Mon 6/11/01
44	▣	Bd Adopts Resolution of Public Interest	1 day	Wed 6/13/01	Wed 6/13/01
45	▣	Election	1 day	Tue 11/6/01	Tue 11/6/01



Project: 20002601
Date: Tue 1/9/01

Task	▨	Milestone	◆	Rolled Up Split	┈┈┈	External Tasks	☐
Split	┈┈┈	Summary	▬	Rolled Up Milestone	◇	Project Summary	▨
Progress	▬	Rolled Up Task	▨	Rolled Up Progress	▬		

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 1-01

SUPPORTING THE REBUILDING OF SAN FRANCISCO GENERAL HOSPITAL

WHEREAS, San Francisco General Hospital, as one of the nation's leading public hospitals, has continuously provided for over one hundred years a wide range of ambulatory and acute care services to generations of San Francisco residents; and,

WHEREAS, San Francisco General Hospital has received national and international recognition for excellence in services, such as AIDS care, primary care, specialty care, women and children's services, psychiatric services, trauma, clinical research and teaching; and,

WHEREAS, San Francisco General Hospital, through its long-standing affiliation with the University of California at San Francisco, has been the nucleus for medical research in the areas of AIDS/HIV, lung biology, infectious diseases, neurology, and other healthcare concerns vital to the citizens of San Francisco; and,

WHEREAS, the highly regarded staff of San Francisco General Hospital provides an essential service through direct clinical care and through related medical research of diseases affecting the residents of San Francisco; and,

WHEREAS, San Francisco General Hospital provides significant services for the Community Health Network, a citywide network of facilities organized to provide healthcare services spanning a continuum of care; and,

WHEREAS, California Senate Bill 1953 requires all California acute care hospitals to have performed all seismic improvements to existing buildings by the year 2008, and have available a seismically conforming building for acute patient care before the year 2030 or be revoked of their acute care license; and,

WHEREAS, California Senate Bill 1803 (Speier) allows hospitals to defer seismic improvements to existing hospital buildings by 2008, provided a conforming building is in place by 2013; and,

WHEREAS, San Francisco General Hospital's Main Building has been categorized as Structural Performance Category 1 (SPC 1), and currently does not comply with SB 1953 regulations; and,

WHEREAS, the definition of SPC 1 states "Buildings posing a significant risk of collapse and a danger to the public;" and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 1-01 (Cont'd.)

WHEREAS, it is unlikely that any interim retrofit structural/non-structural work achieved in the existing building by the year 2008 deadline of SB 1953 regulations would meet the year 2030 deadline of having a seismically conforming building for acute patient care; and,

WHEREAS, the San Francisco Department of Public Health within its Strategic Planning recognizes the importance of San Francisco General Hospital in providing services to the community and supports the continued future of its role; and,

WHEREAS, the San Francisco Health Commission supports the rebuilding of San Francisco General Hospital so that a new conforming building will be in place by the year 2013 (Speier);

WHEREAS, the San Francisco Health Commission supports the creation of a Planning Committee to bring recommendations on how to rebuild San Francisco General Hospital to the Health Commission, Board of Supervisors and the Mayor; and,

WHEREAS, the San Francisco General Hospital Rebuild Planning Committee will be formed to make programmatic, technical and financial recommendations on the rebuilding of the Hospital and the use of the Campus; and,

WHEREAS, the San Francisco General Hospital Rebuild Planning Committee and its subcommittees will be diverse and represent the perspective of the consumers, providers, advocates, community-based organizations, labor, business and other interested parties, now, therefore, be it,

RESOLVED, that the San Francisco Health Commission supports the rebuilding of San Francisco General Hospital by the year 2013, and the formation of the San Francisco General Hospital Rebuild Planning Committee to develop a plan to respond to the physical plant issues at San Francisco General Hospital in a timely manner.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of January 9, 2001.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: ***http//www.dph.sf.ca.us***

AGENDA

SPECIAL HEALTH COMMISSION MEETING

January 16, 2001
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) **CALL TO ORDER**

2) **FOR DISCUSSION AND PROPOSED ACTION:** **CONSIDERATION OF A RESOLUTION DESIGNATING THE DEPARTMENT OF PUBLIC HEALTH AS THE LEAD AGENCY FOR ADMINISTRATION OF FUNDS FROM THE SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000 (PROPOSITION 36)**
**Resolution*

3) **FOR DISCUSSION AND PROPOSED ACTION:** **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE AND CONSIDERATION OF A RESOLUTION ENDORSING THE INITIATIVE**
**Report and Resolution*

4) **TIME SPECIFIC AT 4:30 P.M.**

FOR DISCUSSION: **PROPOSITION Q (HEALTH CARE PLANNING ORDINANCE) HEARING (SEE ATTACHED)**
**Information*

Attachment

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

5) PUBLIC COMMENTS*

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

120

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

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NOTICE

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SPECIAL PUBLIC HEARING

HEALTH COMMISSION

Tuesday, January 16, 2001
Time Specific: 4:30 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

Public hearing, in accordance with the Health Care Planning Ordinance (Proposition Q – 1988), to consider the impact of the following changes on health care services of the community at St. Luke's Hospital:

> ***St. Luke's Hospital and Sutter Health will have an affiliation that would further the charitable missions of each of the organizations and preserve vital health care services in San Francisco. Under an affiliation, St. Luke's would become part of Sutter Health, the Northern California network that includes more than two dozen Northern California hospitals and physician organizations.***

Persons unable to attend this public hearing may submit written comments to the Health Commission, c/o President Roma Guy, MSW, 101 Grove Street, Room #311, San Francisco 94102.

(Posted 12/15/00)

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City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES
OF THE
SPECIAL HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

FEB - 1 2001

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PUBLIC LIBRARY

Tuesday, January 16, 2001
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 3:05 p.m.

Present:		
	Commissioner Edward A. Chow, M.D.	
	Commissioner Roma P. Guy, M.S.W.	
	Commissioner Lee Ann Monfredini	(left at 7:15 p.m.)
	Commissioner Harrison Parker, Sr., D.D.S.	
	Commissioner David J. Sanchez, Jr., Ph.D.	
	Commissioner John I. Umekubo, M.D.	(arrived at 3:45 p.m.)

Jean Fraser, former Deputy City Attorney for the Department of Public Health and presently the Executive Director for the San Francisco Health Plan, officially said au revoir to the Commission and the Department. She also introduced Aleeta Van Runckle, the new Deputy City Attorney in charge of the Health Department legal team. President Guy expressed appreciation to Ms. Fraser for her legal advice to the Commission and the Department.

2) CONSIDERATION OF A RESOLUTION DESIGNATING THE DEPARTMENT OF PUBLIC HEALTH AS THE LEAD AGENCY FOR ADMINISTRATION OF FUNDS FROM THE SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000 (PROPOSITION 36)

Barbara Garcia, Director of Population Health and Prevention, provided an overview on Proposition 36, (Attachment A).

Commissioner Chow pointed out the amount of allocated funds may not be sufficient and expressed concern on the practicality of implementation.

Commissioner Parker supports the Department being the lead agency but also expressed concern for equity to the populations most affected (i.e., African Americans).

Ms. Garcia stated the Department is advocating for increased funding for San Francisco, at the same time, addressing those populations (i.e., African American and Latinos) disproportionately impacted.

Action Taken: The Commission (Guy, Chow, Monfredini, Parker, Sanchez) adopted Resolution #2-01, "Urging the San Francisco Board of Supervisors to Designate the Department of Public Health as the Lead Agency for Administration of Funds from the Substance Abuse Crime and Prevention Act of 2000, (Proposition 36), and to Establish a Substance Abuse Crime and Prevention Trust Fund", (Attachment B.)

3) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE, AND CONSIDERATION OF A RESOLUTION ENDORSING THE INITIATIVE

Tangerine Brigham, Director of Policy and Planning, presented the Department's Strategic Plan – Leading the Way to a Healthier Community 2000. A copy of the Plan is available at the Commission office.

Ms. Brigham reported that the Department embarked on this effort in August 1999. Since that time, over 100 individuals (staff, consumers, contractors, health advocates, representatives from other City departments, labor and the public) have donated their time and their expertise towards developing the Strategic Plan. In addition, the Strategic Planning Steering Committee held 52 town hall meetings with the community and staff to seek their input into developing the recommendations. On December 4, 2000 the Department held a community town hall meeting to present the Strategic Plan, its Goals and recommendations to the public.

When the Department undertook on this effort, the Health Commission requested that the Strategic Plan be developed and finalized prior to the Health Commission's consideration of the Department's proposed 2001-02 budget. Therefore, the Strategic Plan is being presented before deliberation on the budget. The Commission has directed the Department to begin to incorporate the Strategic Plan with the FY 2001-02 DPH budget.

Ms. Brigham reviewed the overall strategic direction, (Attachment C).

The Department's strategic direction has the following goals:

- San Franciscans have access to the health services they need, while the Department emphasizes services to its target population
- Disease and injury are prevented
- Services, programs and facilities are cost-efficient and resources are maximized
- Partnerships with communities are created and sustained to assess, develop, implement and advocate for health funding, policies, programs and services

Ms. Brigham acknowledged the Planning staff, committee members, and community representatives who participated in the planning process.

Public Speakers:

Renee Saucedo, S.F. Day Labor Program, advocated for policy to upgrade health care; health care system continues to be inadequate

Richard Heasley, S.F. Mental Health Contractors Association, appreciates the input process and recognition of the contractors' role in the health system; supports salary parity for CBO's and the multiyear parity adjustment; urged passage of resolution

Nora Roman, ECSPH, urged Commission to vote no on the resolution; strategic plan should meet needs and not dependent on funding; health care, patients and staff are in crises; do something about State and Federal funding levels; be voices for the people

Teresa Palmer, M.D., Laguna Honda Hospital, urged Commission to vote no on the resolution; do not decrease acute services; would be an act of courage to say no to the Strategic Plan; include direct caregivers

Lynn Carman, lawyer, thinks this is not a Strategic Plan; quoted functions of the Commission according to the City Charter

Michael Lyon, Emergency Coalition, thinks this is not a plan, it's restructuring

Kelly Wilkinson, Episcopal Community Services, expressed importance of partnerships with DPH

Bea Stephens, Westside Community Mental Health, supports the plan on access, support for mental health contractors and safety in the communities

Eve Meyer, S.F. Suicide Prevention, described problems with CBO's infrastructure and finances; urged Commission to refuse a cap on the Department's budget

Karen Patterson Matthew, Bayview Hunters Point Foundation and Mental Health/Substance Abuse Contractors' Association, supports work of the strategic planning process and streamlining of the contracting process; in the face of limited resources, DPH has involved all areas

Dick Hodgson, S.F. Community Clinic Consortium, supports the joint planning between DPH and the clinics in the Consortium

Dale Butler, SEIU 790, appreciates being invited to participate; there are negative impacts from salary savings on labor issues; real test is implementation without loss of services; Department has to honor Union contracts; urged meetings with Unions on budget issues

Teresa Gaytan, Local 250, expressed disappointment with the Strategic Plan

Kent Woo, NICOS Chinese Health Coalition, submitted a November 20, 2000 letter indicating comments on race and ethnicity, health data, cultural competency, local access, and community advisory councils.

Frances Cain, Neighbor to Neighbor, is disappointed with the Strategic Plan; urged a plan of action to achieve universal health care and the Commission to take a leadership role

Note: A petition of 200 signatures for a commitment to quality, accessible healthcare for the people of San Francisco was submitted.

Due to the 4:30 p.m. time specific item on the agenda, the Commission went to item #4 and came back to the Strategic Plan at 8:00 p.m.

Commissioners' Comments:

- Commissioner Chow commented on his input into revisions for the resolution; the broadness of the resolution is good; the implementation is the important part; the plan is to be used as a guideline.

- Commissioner Monfredini expressed her support for the resolution (she had to leave prior to the vote).

- Commissioner Umekubo thanked Ms. Brigham, the staff, and community representatives who worked on the plan.

- Commissioner Sanchez thanked the Department for the many hours of work; need to be creative with the plan in order to sustain adequate health. He also clarified that SFGH is included in the resolution where the "role in the delivery of health care" is discussed. This is a work in progress. The Department is still at risk as a Health Department; need to get out of deficit model.

- Commissioner Parker does not see a plan due to vagueness; does not get a sense of what the Department is doing; can't accomplish everything; need more definite things; where are we trying to go? It's better than nothing.

- President Guy feels the fundamentals for a plan are there; these are improvements due to data and are beginnings of a rationale where we want to go; implementation at the Joint Conference Committee; this public document is needed for a reference point.

Action Taken: The Commission (Guy, Umekubo, Chow, Parker, Sanchez) adopted Resolution #3-01, "Endorsing the San Francisco Department of Public Health's Strategic Plan – Leading the Way to Healthier Community 2000", (Attachment D).

President Guy requested a 3-month update (April) to the full Commission and requested the Joint Conference Committees to discuss the plan.

4) TIME SPECIFIC AT 4:30 P.M.

PROPOSITION Q (HEALTH CARE PLANNING ORDINANCE) HEARING ON THE FOLLOWING:

St. Luke's Hospital and Sutter Health will have an affiliation that would further the charitable missions of each of the organizations and preserve vital health care services in San Francisco.

Under an affiliation, St. Luke's would become part of Sutter Health, the Northern California network that includes more than two dozen Northern California hospitals and physician organizations.

Jack Fries, Chief Executive Officer of St. Luke's Hospital, introduced Philip L. Pillsbury, Jr., Chair of the St. Luke's Board of Directors. Mr. Pillsbury and Patrick E. Fry, Chief Operating Officer and Executive Vice President of Sutter Health, had submitted to the Commission and Dr. Katz, a letter describing the proposed affiliation of St. Luke's with Sutter Health. In addition to background information on St. Luke's and Sutter Health, the letter describes the history of the proposed affiliation and the terms of the affiliation. The terms of the affiliation include the structure, governance, management, employees, medical staff and clinical services, charity care, and the Sutter financial commitment. A copy of the letter is available at the Commission Office. Mr. Pillsbury emphasized that the St. Luke's Board will continue to be a community-based Board.

The following persons spoke on behalf of Sutter Health in support of the affiliation:

Jim Grey, Chairman of Sutter Health South
Andy Pansini, member Board, Novato Hospital
Pat Fry, Chief Operating Officer, Sutter
Johnathan Goh, Chief Financial Officer, St. Luke's
Dr. Coleman, member St. Luke's Board
Bishop William Swing, Episcopal Dioceses of Northern California
Sally Soto, R.N., 43 years at St. Luke's

Public Speakers:

President Guy requested public testimony be heard first from a wheelchair bound patient from St. Luke's. John Chao, patient at St. Luke's Sub-Acute Ward and President of the Resident Council, urged support for the affiliation with Sutter Health. The affiliation will bring vital stability to St. Luke's.

Several petitions with over 2000 signatures were submitted to the Commission.

President Tom Ammiano of the Board of Supervisors expressed concern about the future of St. Luke's; there's no guarantee on the level of charity care; need to have State Attorney General Bill Lockyer intervene.

Supervisor Chris Daly, District #6, concerned about the future charity care at St. Luke's; urged Commission not to support this merger.

Supervisor Aaron Peskin, District #3, supports Local 250 and other Supervisors; urged Commission to seek guarantee of the present level of services.

Supervisor Jake McGoldrick, District #1, urged Commission not to move this forward unless guarantees to the public remain.

Supervisor Gerardo Sandoval, District #11, urged Commission to take time and make the right decision; need to continue serving residents in his district.

Rob Eshelman for Supervisor Matt Gonzalez, District #5, asked Commission to consider negative impacts from this affiliation with Sutter Health, who is known to cut services; urged Commission to bring in State Attorney General Lockyer for enforcement.

Supervisor Mark Leno, District #8, urged Commission to have guarantees in writing; the level of services and charity care should not be diminished; culturally competent services should not be jeopardized.

Supervisor Sophie Maxwell, District #10, announced she will chair the Public Health and Environment Committee; wants to make sure St. Luke's continues services.

Margaret Cruz, community leader, submitted petitions with 3000 signatures to show community support and the community's initiative for the affiliation.

Ena Eguirre expressed support for the affiliation.

Amy Yacorzynski, Mission High School, stated health is a major concern for students.

Sal Rosselli, SEIU Local 250, stated workers are committed to save St. Luke's; the Sutter Health track record is to cut services and charity care; urged Commission to seek specific requests.

Josie Mooney, SEIU 790, President of S.F. Labor Council, stated people need St. Luke's not Sutter Health; described how Sutter Health puts profits before patient care; gave examples of broken promises; feels the City could be an alternative; urged Commission not to support the affiliation but to support an alternative.

Marie Bentley, Local 250, stated Sutter Health has to put guarantees in writing.

Angela Alioto, former Supervisor, pointed out a bigger picture in health care; urged Commission to look at the terms and conditions of the affiliation and the impact on the entire City; get involved with the negotiations.

Mark Dennis, Mission High, doesn't want to be turned away from St. Luke's; need to keep St. Luke's opened.

Marianela Munoz, student, wants St. Luke's to remain opened; helps to be healthy; wants Sutter Health to keep St. Luke's opened.

Theresa Hernandez and Yana Wong, Mission High, want St. Luke's to stay opened.

Jacques Bolivar, S.F. Hispanic Chamber of Commerce, supports affiliation to allow for continuance of St. Luke's.

Edie Zoleman, volunteer, says City would be poorer without St. Luke's; charity means love.

John Borsos, SEIU Local 250, described broken promises of Sutter Health in the East Bay.

Daysi Coreas, student, uses St. Luke's; teens deserve respect.

Ted Alfaro, Mission High Principal, says without St. Luke's kids won't come to school; kids come from all over the City to go to St. Luke's.

Anita Halpern, parent of patient at St. Luke's, described the care her son receives.

Nora Roman, ECSPH, pointed out there's no data on charity care; Public Health, not a corporation needs to take over St. Luke's.

Walter Johnson, S.F. Labor Council, stated Sutter Health is expert in surgery due to its cuts in health; urge to stop the bleeding; yes for St. Luke's, no for Sutter Health.

Gary Virginia, AIDS patient, stated SFGH is overburdened with AIDS care; gave examples of Sutter Health cases on preventable deaths; look for other solutions; demand facts on charity care.

Teresa Palmer, M.D., Laguna Honda Hospital, urged Commission to look at alternatives to Sutter Health; need Attorney General Lockyer to have a health impact report; this affiliation would be a further dismantling of health.

Paula Fiscal, Coalition to Save St. Luke's, emphasized the need to look at what will the public and community get.

Fred Naranjo, Coalition to Save St. Luke's, stated the community wants the affiliation; gave notice to Sutter Health that it would be held accountable; Sutter Health needs to be given a chance; community members have not been denied by Sutter Health to serve on the St. Luke's Board; submitted a petition with 1000 signatures.

Rev. Thomas Hernandez, leader, stated St. Luke's needs to be kept open; the City should be united on this.

Annette Dougherty, physical therapist, indicated paychecks still bounce; St. Luke's needs added financial support.

Robin Affrime, Yolo County Communicare Health Centers; described her County's positive affiliation with Sutter Health.

Laura Norell, M.D., St. Luke's, said St. Luke's will close without the affiliation.

Carol Ruth Silver, former Supervisor, supports the affiliation to save St. Luke's; there are no other alternatives.

Bill Price, Senior Action Network, advocated full service with no cuts; local control is necessary; wants guarantees through Attorney General Lockyer.

Marshall Kubota, M.D., Medical Director of Santa Rosa Hospital, described positive experiences with Sutter Health; stronger residents' programs; listed new outpatient services; still is a disproportionate share hospital.

Dave Monks, Noe Valley Democratic Club, urged Commission to investigate and have a legal document that's enforceable.

Robert Haaland, supports community efforts to maintain services and local control.

Nancy Lewis, CAN, opposes affiliation; does not guarantee services and safe staffing levels.

Alexis Gonzalez, St. Anthony's Foundation, expressed concern on the impact on her clinic patients.

Michael Lyon, Emergency Coalition, posed the question would Sutter Health want to take over St. Luke's if services were maintained?

Erma Ellis, Local 250, needs guarantee from Sutter Health to continue St. Luke's mission.

Theresa Sparks, Transgender Civil Rights Task Force, asked for stronger guarantees from Sutter Health; many transgenders live in the St. Luke's section of the City.

Susan Englander, RN, Ph.D., concerned about more hospital consolidations; Sutter Health has own interests.

Charles Minster, Local 1141, stated in an economic boom there's a need to take care of patients and workers.

John Linden, St. Luke's employee, stated St. Luke's needs financial help from Sutter Health.

Linda Gay Taylor, St. Luke's Hospital, hopes Sutter Health stands by its word.

A. Millstein, St. Luke's, described lack of supplies and disaster level at St. Luke's; need this affiliation.

Lynn Carman, attorney and ECSPH, talked about charity care by other hospitals; this is a public health crisis.

Denise D'Anne, District #6, says health care is a right not an industry; avoid profit motives; need universal health care.

Connie Taylor, Eden Hospital and Local 250, described negative aspects of a Sutter Health takeover.

Sally Ann Buchmann, MA, RD, Local 790, urged Commission to look hard and thoroughly into matter and bring in Attorney General Lockyer.

Julie McCowan, respiratory therapist, gives care to the most vulnerable; supports fellow employees.

Sara Angulo, Local 250, wants increased care for patients; protections should be built into affiliation.

Jose Morales, SAN, asked whether the neighborhood, employees, and everyone would be happy with the solution?

Jack Fries, Chief Executive Officer of St. Luke's, stated Sutter Health has to be a corporate partner. He indicated Sutter Health will maintain the historical level of charity care at St. Luke's. The affiliation with Sutter Health is the strongest offer ever made to St. Luke's.

Commission Comments:

- Whatever happens to St. Luke's will impact SFGH; encouraged a quarterly dialogue with the Commission on the status of the affiliation
- Data on quality care in other counties with Sutter Health is needed
- Inquired into legal ways to enforce charity care
- Requested information on approvals needed by the State Attorney General and how any new laws apply to this situation
- Does not see specific commitments to charity care
- Has to be assurance what will be good for the public; will a commitment to the public be continued?
- Noted conflicting information on charity care levels of commitment
- Concern for charity care and the loss of autonomy at the governance level; need more information and documents to study

Bill Aseltyne, legal counsel for Sutter Health, submitted a letter from Sutter Health on its commitment to charity care, (Attachment E)

Dr. Katz expressed his view that as it presently stands, the affiliation has not progressed and would be harmful to public health. He sees progress on charity care but is not pleased with the language. He does not see the St. Luke's Board to have more autonomy. He does not view the affiliation as a bailout. Sutter Health was being sued by St. Luke's; and the affiliation is an agreement for dismissal of the lawsuit. The larger picture for health care is that there will be narrowing of the market and a serious antirust issue at hand.

The Commission will calendar this item for the February 6, 2001 meeting at a time specific (4:30 p.m.) Commissioner Chow pointed out that while the Commission will calendar a proposed resolution to determine whether the affiliation is/is not detrimental to the health service of the community, the Commission can continue the item if more information is needed.

President Guy thanked Commissioners, staff, and the public for attending this lengthy meeting.

The meeting was adjourned at 8:35 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (5)

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, MD
Director of Health

TO: Roma Guy, President, and
Members of the San Francisco Health Commission

THROUGH Mitchell H. Katz, M.D.
Director of Health

FROM: Barbara Garcia
Director, Population Health and Prevention

DATE: January 8, 2001

RE: Proposition 36 – Designation of Lead Agency and Establishment of Trust Fund

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As you know, on November 7, 2000 the voters of California passed Proposition 36. Called the Substance Abuse and Crime Prevention Act of 2000 and effective July 1, 2001, Proposition 36 requires that most nonviolent drug possession offenders receive drug treatment and supervision in the community, rather than incarceration. New regulations issued by the California Department of Alcohol and Drug Programs (DADP) require that each county designate a lead agency for administration of Proposition 36 funds. Attached hereto for your consideration is a proposed resolution urging the Board of Supervisors to designate the Department of Public Health (DPH) as the lead agency and to establish a substance abuse crime and prevention trust fund for funds received pursuant to the Act.

Summary

Under Proposition 36, certain offenders convicted of nonviolent drug possession offenses will receive probation. As a condition of probation, the court will require participation in and completion of an appropriate drug treatment program. The court may require participation in drug treatment services for up to one year and up to six additional months of follow-up care. The court may also impose, as a condition of probation, participation in vocational training, family counseling, literacy training and/or community service.

Funding

Statewide Allocation

On Tuesday, January 2, 2001, the DADP released the figures for the FY 2000-01 funding allocation to counties under Proposition 36. The initiative provides $60 million statewide in the current fiscal year for start-up costs and $120 million annually thereafter for drug treatment services in FY 2001-02 through FY 2005-06.

San Francisco's Allocation

San Francisco will receive $2.3 million for a six-month period in FY 2000-01.

Allocation Formula

The allocation formula developed by DADP is based 50% on population, 25% on drug arrests and 25% on current drug treatment caseload. This formula applies specifically to FY 2000-01 and it is unclear whether a different formula will be developed for future fiscal years.

Reimbursable Activities

Funds allocated pursuant to Proposition 36 may be used to cover placement and program costs for: (1) licensed and certified drug treatment programs, which may include outpatient treatment, half-way house treatment, narcotic replacement therapy, drug education or prevention courses, and limited inpatient or residential drug treatment; (2) vocational training; (3) family counseling; (4) and literacy training. Funds may also be used for probation department court monitoring costs, as well as, other miscellaneous costs other than drug testing services. Proposition 36 funds may not be used to supplant funds from any existing source currently used to provide substance abuse treatment.

Proposition 36 in San Francisco

On April 24, 2000, the San Francisco Board of Supervisors adopted resolution number 355-00 endorsing the Substance Abuse and Crime Prevention Act of 2000. On June 12, 2000 the Board passed resolution number 552-00 urging the Department of Public Health to start working on implementation strategies for the possible passage of the initiative. DPH has been working closely with the community and other City and County departments on Proposition 36 and, on November 29, 2000, co-sponsored a public symposium with Supervisor Gavin Newsom, the District Attorney, and the Sherriff's Office on Rational Drug Policies in San Francisco Post Proposition 36.

The San Francisco District Attorney's Office estimates that between 1,200 and 2,400 people a year would qualify for treatment services under Proposition 36. In line with the City's goal of Substance Abuse Treatment on Demand, Proposition 36 will expand access to drug treatment services in San Francisco by ensuring that nonviolent drug possession offenders receive appropriate drug treatment services.

Board of Supervisors Action Required

Pursuant to DADP regulations, the Board of Supervisors must, by no later than March 1, 2001, submit to DADP a Board resolution or ordinance that:

- states that the county agrees to comply with the provisions of the Act;
- establishes a trust fund into which all Proposition 36 funds shall be deposited; and
- identifies a county lead agency responsible for the administration of funds.

Designation of DPH as the Lead Agency

Sharing with Proposition 36 the common goal of expanding access to drug treatment, DPH is well-positioned to serve as the lead county agency for Proposition 36 in San Francisco. According to DADP, on a given day, DPH provides more than 5,200 drug treatment services in San Francisco, making it the county with the third largest drug and alcohol treatment caseload in the State. DPH has taken the lead on the City's Substance Abuse Treatment on Demand Initiative and has existing contractual and working relationships with a network of drug treatment providers in the City that could provide the foundation for expanded services under Proposition 36.

Further, the Health Commission provides a forum for meaningful community participation in matters pertaining to the preservation and promotion of the substance abuse treatment of San Francisco residents.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 2-01

URGING THE SAN FRANCISCO BOARD OF SUPERVISORS TO DESIGNATE THE DEPARTMENT OF PUBLIC HEALTH AS THE LEAD AGENCY FOR ADMINISTRATION OF FUNDS FROM THE SUBSTANCE ABUSE CRIME AND PREVENTION ACT OF 2000, (PROPOSITION 36), AND TO ESTABLISH A SUBSTANCE ABUSE CRIME AND PREVENTION TRUST FUND

WHEREAS, the Substance Abuse Crime and Prevention Act of 2000 ("Proposition 36" or the "Act") was passed by California voters on November 7, 2000 and requires that certain nonviolent drug possession offenders receive drug treatment services in the community rather than incarceration; and,

WHEREAS, the California Department of Justice reports 10,679 drug arrests in San Francisco in 1999; and,

WHEREAS, the San Francisco District Attorney's Office and the San Francisco Sheriff's Office estimate that between 1,200 to 2,400 San Franciscans will qualify for drug treatment under this Act each year; and,

WHEREAS, substance abuse treatment has been shown to improve the health of drug addicts, reduce related health care costs, and reduce criminal activity of drug dependent persons after treatment; and,

WHEREAS, the California Department of Alcohol and Drug Programs has announced the allocation of $2.3 million to San Francisco for start-up costs for Proposition 36 in fiscal year 2000-01; and,

WHEREAS, in order to receive these funds, the San Francisco Board of Supervisors must: (1) agree to comply with the provisions of the Act; (2) establish a local Substance Abuse and Crime Prevention Trust Fund; (3) assure the State that all funds allocated pursuant to the Act shall be deposited in that trust fund; and (4) designate a lead agency within the City and County to be responsible for local coordination, development and implementation of the Act; and,

WHEREAS, the lead agency is required to: (1) coordinate the development of a City and County plan for implementation of the Act; (2) directly provide and/or contract for the provision of services; (3) administer funds received pursuant to the Act; (4) coordinate data collection and quarterly reporting; and (5) coordinate the evaluation of county programs; and,

WHEREAS, the San Francisco Department of Public Health has extensive experience working with substance abuse treatment and has taken the leadership role in the City's Treatment on Demand Initiative; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 2-01 (Cont'd.)

WHEREAS, the San Francisco Department of Public Health has a long history of developing and administering grant-funded programs and complying with the significant reporting, data collection and evaluation requirements associated therewith; and,

WHEREAS, the San Francisco Department of Public Health has existing working and contractual relationships with the network of drug treatment service providers within the City; and,

WHEREAS, the Department of Public Health will collaborate on the planning and implementation of the provisions of the Act with interested community-based agencies and other affected City and County of San Francisco Departments; and,

WHEREAS, as the governing body of the San Francisco Department of Public Health, the Health Commission provides an open and public forum for community participation in the planning of health services in the City, which can be effectively used to guide implementation of Proposition 36; now, therefore, be it

RESOLVED, that the Health Commission of the San Francisco Department of Public Health urges the San Francisco Board of Supervisors to designate the San Francisco Department of Public Health as the lead agency for administration of funds from the Substance Abuse Crime and Prevention Act of 2000 (Proposition 36); and, be it

FURTHER RESOLVED, that Health Commission of the San Francisco Department of Public Health urges the San Francisco Board of Supervisors to establish a substance abuse crime and prevention trust fund into which all funds allocated pursuant to the Substance Abuse and Crime Prevention Act of 2000 will be deposited; and, be it

FURTHER RESOLVED, that, should it be designated as the lead agency, the Department of Public Health shall comply with the provisions of the Substance Abuse and Crime Prevention Act of 2000 and the California Code of Regulations, Title 9, Division 4, Chapter 2.5, on behalf of the City and County of San Francisco.

I hereby certify that the Health Commission at its meeting of January 16, 2001 adopted the foregoing resolution.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 2 of 2

San Francisco Department of Public Health
Strategic Plan

Overall Strategic Direction

The strategic plan acknowledges that the Department continually strives to ensure that its services are relevant to the community's health needs. But also acknowledges that the Department will never fully meet service needs and must prioritize services within its resources.

The recommendations cited in this strategic plan support the following broad concepts:

- City-wide planning involving all providers is needed to fully plan for and assess health services needs and resources
- The Department must embrace a broad definition of health to include housing and socio-economic determinants of health status
- Infrastructure (physical structures and human resources) is inadequate to support Department and contract services

In recognition of the need to ensure access to a comprehensive health services system, the Department's strategic direction should be community-and consumer-focused to:

- Expand health care coverage to the uninsured
- Integrate physical health, prevention, behavioral health, housing and social services
- Ensure a single standard of care that provides access to services
- Continue to provide culturally and linguistically competent services

In recognition of funding constraints and the need to prioritize program initiatives, the Department's strategic direction should be to:

- Expand community-based alternatives – decrease need for institutional care
- Target populations receiving services – allocate resources to those most in need and who lack options
- Strengthen and promote prevention
- Use data to reorganize, reprioritize, reduce or eliminate services — based on priorities, performance measures and the strategic plan

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 3-01

ENDORSING THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH'S STRATEGIC PLAN – LEADING THE WAY TO A HEALTHIER COMMUNITY 2000

WHEREAS, in August 1999, the San Francisco Health Commission directed the Department of Public Health to undertake a Strategic Planning Initiative; and,

WHEREAS, the purpose of the Department's Strategic Planning Initiative was to: (1) respond to San Francisco's changing demographic and health needs, (2) plan with the community for health improvement, (3) strengthen prevention efforts, (4) identify populations the Department should more appropriately serve, (5) develop program priorities to maximize the effectiveness of limited resources, and (6) respond to critical funding trends confronting public health and health care; and,

WHEREAS, the Department faces two conflicting trends that threaten to unravel the Department's health services system – decreased revenue and increased demand for services; and,

WHEREAS, the Department continually strives to ensure that the services and programs it provides are relevant to the health needs and concerns of the community; and,

WHEREAS, Strategic Planning recognizes that the Department will never fully meet service needs and that, as a result, the Department must prioritize services in order to provide care within its budgeted allocation; and,

WHEREAS, the Strategic Planning Initiative was: (1) designed to maintain the Department's current Mission or Vision Statements (Resolution No. 30–98), (2) based on the assumption that the Department would continue its two roles within health (providing public health activities and delivering health care services), (3) cognizant of the fact that the Department must adhere to Federal and State regulations for licensure or funding, and (4) consistent with previously adopted Health Commission resolutions on programmatic issues; and,

WHEREAS, the Department provides health services with a number of community partners and its Strategic Planning Initiative included community providers, consumers, contract agencies, health advocates, advisory groups/committees, health researchers, labor representatives, business, the public and others; and,

WHEREAS, the Department developed a Strategic Planning Steering Committee and appropriate sub-committees with broad representation; and,

WHEREAS, the Department developed a communications plan, which enabled it to proactively seek and obtain input from the community, Department contractors and the staff, in developing the Strategic Planning recommendations; and, WHEREAS, the Strategic Plan – *Leading the Way to a Healthier Community 2000* – identified the following goals based on external and internal assessments, health data, needs assessments, advisory council reports, community and staff input, and the work of the Strategic Planning Committees:

Goal 1: San Franciscans have access to the health services they need, while the Department emphasizes services to its target populations.

Goal 2: Disease and injury are prevented.

Goal 3: Services, programs and facilities are cost-effective and resources are maximized: .

Goal 4 Partnerships with communities are created and sustained to assess, develop, implement and advocate for health funding, policies, programs and services; and,

WHEREAS, the Strategic Planning recommendations support the following broad concepts:

- Embracing a broad definition of health to include housing and socio-economic determinants of health status
- Citywide planning to fully plan for and assess health services needs and resources
- Infrastructure (physical structures and human resources) is inadequate to support Department and contract services; and,

WHEREAS, the Strategic Plan continues and advances the Department's efforts to promote and expand prevention activities; and,

WHEREAS, the Strategic Planning recommendations support the need to continue the Department's vital role in the delivery of health care and the need to pursue a bond proposal to meet necessary State seismic compliance for San Francisco General Hospital Medical Center; and,

WHEREAS, the strategic Plan supports improvements in the recruitment, retention and training of Department staff, along with ensuring that the Department maintains and continually expands its culturally and linguistically competent workforce; and,

WHEREAS, critical components of the Strategic Planning recommendations address the need to prioritize program initiatives in recognition of funding constraints and to ensure access to a comprehensive delivery system that is both community and consumer-focused; and,

WHEREAS, with respect to prioritization the recommendations support a strategic direction that will allow the Department to:

- Target populations receiving services – allocate resources to those most in need and who lack options
- Expand community-based alternatives – decrease need for institutional care
- Strengthen and promote prevention

- Use data to reorganize, reprioritize, reduce or eliminate services -- based on priorities, performance measures and the Strategic Plan; and,

WHEREAS, with respect to accessing a comprehensive health services system, the recommendations support a strategic direction that will allow the Department to:

- Integrate physical health, prevention, behavioral health, housing and social services
- Expand health care coverage to the uninsured
- Ensure a single standard of care that provides access to services
- Continue to provide culturally and linguistically competent services; and,

WHEREAS, this Strategic Plan should be used by the Department for a period of no less than three years and guide the development of the Department's 2001-02 through 2003-2004 budgets; and,

WHEREAS, implementation of the Strategic Planning recommendations will occur in phases given the complexities involved in prioritizing activities, operationalizing strategies and meeting the needs of the changing medical environment and technologies; now, therefore, be it,

RESOLVED, that the Health Commission adopts the Department's Strategic Plan – ***Leading the Way to a Healthier Community 2000*** – its goals and its recommendations; and, be it,

FURTHER RESOLVED, that the Health Commission instructs the Department to use the Strategic Plan in the development of the Department's 2001-02 budget; and, be it,

FURTHER RESOLVED, that the Health Commission directs the Department to develop and submit a plan for prioritizing and implementing the Strategic Plan recommendations taking into account the goals, available resources, changing medical environment and technologies, and the time for implementation; and be it,

FURTHER RESOLVED, that the Department shall monitor and evaluate the outcomes and indicators of each implemented strategy and objective and report periodically to the Health Commission.

I hereby certify that the Health Commission at its meeting of January 16, 2001 adopted the foregoing resolution.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Sutter Health

January 16, 2001

Mitchell H. Katz, M.D.
Director, Department of Public Health
Roma P. Guy, MSW
President, San Francisco Health Commission
San Francisco Health Commission
101 Grove Street, Room 308
San Francisco, California 94102

RE: Affiliation of St. Luke's Hospital with Sutter Health – Charity Care

Dear Dr. Katz and Ms. Guy:

This letter is to confirm that Sutter Health has committed to the following in connection with the proposed affiliation with St. Luke's Hospital:

> St. Luke's Hospital, with Sutter Health's support, shall continue to fulfill its mission, including, in particular, its commitment to the South-of-Market and Mission neighborhoods of San Francisco and the clinic missions as presently manifested in the St. Luke's Healthcare Center. St. Luke's Hospital shall continue to be the sole corporate member of the St. Luke's Healthcare Center and responsible for decisions regarding mission and charity care. (Paragraph 1d. from Affiliation Letter dated October 26, 2000)

Furthermore, Sutter Health understands and is willing to support St. Luke's Hospital's provision of charity care at historical levels. The actual provision of charity care, like the provision of all clinical services at St. Luke's Hospital, will be determined by the St. Luke's Hospital Board of Directors.

Very truly yours,

By: ______________________
Patrick E. Fry
Chief Operating Officer &
Executive Vice President

Attachment E
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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/16/01
special
public hearing

Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. **(415) 554-2666**
FAX **(415) 554-2665**

Web Site: ***http//www.dph.sf.ca.us***

NOTICE

SPECIAL PUBLIC HEARING

HEALTH COMMISSION

DOCUMENTS DEPT
DEC 18 2000
SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, January 16, 2001
Time Specific: 4:30 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

Public hearing, in accordance with the Health Care Planning Ordinance (Proposition Q – 1988), to consider the impact of the following changes on health care services of the community at St. Luke's Hospital:

> ***St. Luke's Hospital and Sutter Health will have an affiliation that would further the charitable missions of each of the organizations and preserve vital health care services in San Francisco. Under an affiliation, St. Luke's would become part of Sutter Health, the Northern California network that includes more than two dozen Northern California hospitals and physician organizations.***

Persons unable to attend this public hearing may submit written comments to the Health Commission, c/o President Roma Guy, MSW, 101 Grove Street, Room #311, San Francisco 94102.

Posted 12/15/00

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
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Director of Health

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Web Site: ***http//www.dph.sf.ca.us***

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
JAN 25 2001
SAN FRANCISCO
PUBLIC LIBRARY

January 30, 2001
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 9 AND SPECIAL MEETING OF JANUARY 16, 2001**
**Minutes of January 9 and 16, 2001*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **PHP-AB75 Project** – Request for supplemental appropriation in the amount of $1,203,219 in State Emergency Medical Services Appropriation (EMSA) funds to pay for emergency physician services pursuant to Senate Bill 2132, for FY 2001-02.
** Calendaring request memo*

(3.2) **PHP-Housing & Urban Health** – Request for approval of retroactive contract renewal with Baker Places, Inc., in the amount of $737,839, to provide mental health and substance abuse services targeting formerly homeless tenants of eight SRO hotels, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Baker for services totaling $11,110,692 during FY 1999-2000).
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.3) **PHP-Housing & Urban Health** – Request for approval of a new sole source contract with Self Help for the Elderly, in the amount of $50,000, to assist in the provision of residential care facility housing, for the period of February 1, 2001 through June 30, 2001.
** Calendaring request memo*

(3.4) **AIDS Office-HIV Prevention** – Request for approval of a contract renewal with Black Coalition on AIDS (BCOA), in the amount of $86,379, to provide HIV prevention services targeting high-risk African American transgender persons, for the period of January 1, 2001 through December 31, 2001. (DPH contracted with BCOA for services totaling $373,912 during FY 1999-2000).
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.5) **PHP-Community Health Promotion and Prevention** – Request for approval of a retroactive sole source renewal contract with NICOS Chinese Health Coalition, in the amount of $65,000, to provide problem gambling prevention services in the Chinese community, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with NICOS for services totaling $50,000 during FY 1999-2000).
** Calendaring request memo, Client demographic information form, Contract evaluation form*

(3.6) **PHP-CMHS/CSAS** – Request for approval of a retroactive multiyear contract renewal with the Homeless Prenatal Program (HPP), in the amount of $101,977 per year, for a four-year total contract amount of $407,908, to provide outreach and case management services targeting poor and homeless pregnant women and/or substance-abusing women with children, for the period of July 1, 2000 through June 30, 2004. (DPH contracted with HPP for services totaling $112,262 during FY 1999-2000).
** Calendaring request memo, Letter to HPP, Monitoring report summary, Response letter to HPP, Client demographic information form*

(3.7) **PHP-CMHS** – Request for approval of a retroactive multiyear contract renewal with Seneca Center for Children and Families, in the amount of $2,052,763 per year, for a four-year total contract amount of $8,211,052, to provide mental health residential services and day treatment services targeting seriously emotionally disturbed adolescents, for the period of July 1, 2000 through June 30, 2004. (DPH contracted with Seneca for services totaling $1,193,413 during FY 1999-2000).
** Calendaring request memo, Monitoring report summary, Client demographic information forms*

(3.8) **PHP-CSAS** – Request for approval of a retroactive multiyear contract renewal with Westside Community Mental Health Center (WCMHC), in the amount of $1,916,198 per year, for a four-year total contract amount of $7,664,792, to provide substance abuse services, for the period of July 1, 2000 through June 30, 2004. (DPH contracted with WCMHC for services totaling $9,784,090 during FY 1999-2000).
** Calendaring request memo, Monitoring report summaries, Response letters from WCMHC with attachments, Letter from DPH to WCMHC, Client demographic information forms*

(3.9) **CHN/SFGH, HAH AND LHH** – Request for approval of two new contracts with the following firms: On-Call Therapists, Inc. and Preferred Healthcare Registry, Inc., for a combined total amount of $259,160, to provide intermittent, as-needed rehabilitation therapy personnel 120 services (Physical, Occupational and Speech Therapists) for the Community Health Network, for the period of February 1, 2001 through January 31, 2003.
** Calendaring request memo, Vendor list*

(3.10) **CHN/SFGH, HAH AND LHH** – Request for approval of a new sole source contract with Physical and Occupational Therapist's Registry, Inc. (POTR), in the amount of $244,600, to provide intermittent, as-needed rehabilitation therapy personnel services (Physical, Occupational and Speech Therapists) for the Community Health Network, for the period of February 1, 2001 through January 31, 2003. (DPH contracted with POTR for services totaling $78,000 during FY 1999-2000).
** Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE AWARDS FOR JANUARY 2001**
**List of Awardees*

6) **FOR DISCUSSION AND ACTION:** **ELECTION OF THE PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 2001**

7) **FOR DISCUSSION AND PROPOSED ACTION:** **PRESENTATION ON OPTIONS FOR ACHIEVING UNIVERSAL HEALTH INSURANCE COVERAGE IN SAN FRANCISCO AND CONSIDERATION OF A RESOLUTION**
**Information and resolution*

8) **FOR DISCUSSION ONLY:** **PRESENTATION OF THE PROPOSED DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 2001-02**
**Proposed budget*

9) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone:	(415) 554-7724
Fax:	(415) 554-5163
E-mail:	Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

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Web Site: ***http//www.dph.sf.ca.us***

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, January 30, 2001
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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FEB 16 2001
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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 3:10 p.m.

Present:
Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JANUARY 9, 2001 AND THE SPECIAL MEETING OF JANUARY 16, 2001

Action Taken: The Commission adopted the minutes of January 9 and 16, 2001

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **PHP-AB75 Project –** Request for supplemental appropriation in the amount of $1,203,219 in State Emergency Medical Services Appropriation (EMSA) funds to pay for emergency physician services pursuant to Senate Bill 2132, for FY 2001-02.

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Action Taken: The Commission approved the consent calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

HIV Consensus Meeting, Preliminary Report

On January 19, Mayor Brown convened a group of two dozen researchers and AIDS experts to review current studies and data to determine the HIV prevalence and incidence rates for the behavioral risk populations of San Francisco. In a draft report, the group estimates that the rate of new HIV infections among men who have sex with men (MSM), MSM who are also injection drug users (IDU) and transgender male to female (MTF) is 2.2 percent, up from 1.04 percent in 1997. This translates into 748 new infections projected for this year. The document is currently under public comment period.

The IDU/Heterosexual Consensus Meeting is slated to take place next month. Upon the conclusion of this next meeting, a similar Consensus Document will be produced and undergo the same process before both documents are integrated and officially released. A copy of the draft HIV Consensus Data for MSM, MSM IDU and Transgender MTF will be given to all Commissioners and is available to the public at HIVINSITE.UCSF.EDU.

Summary of the Governor's 2001-02 Budget

Overview

On January 10, 2001, the Governor proposed a $102 billion budget. This represents an increase of $7.5 billion over last year. With a $10.3 billion surplus, the budget assumes $2.3 billion less resources in the upcoming year, and, therefore, proposes to spend the remaining $8 billion primarily on education and energy, but also for tax cuts, and to maintain a budgetary reserve.

With the exception of the Healthy Families Program, most of the policy-related increases in the non-education portion of the budget are for one-time purposes, such as a $1 billion set aside for the energy initiative, fiscal relief to local governments, new housing, and air and water quality projects. While the Governor continues his commitment to long-term care with modest increases to his Aging with Dignity Initiative, most of the budget augmentations in health care are attributable to caseload increases under current guidelines rather than new policy initiatives.

The Governor has allocated $21.6 billion in General Fund (GF) dollars for health and human services for 2001-02. This represents an increase of $1.3 billion over 2000-01 funding levels. However, in 2000-01, health and human service expenditures represented 27.5% of the total GF budget, while in 2001-02, they represent 26.1% -- a decrease of 1.4%.

Summary of Major Health-Related Provisions

Tobacco Settlement Funds

The Governor's budget proposes using all current and future Tobacco Settlement funds for health care programs. In 2001-02, the State expects to receive $468 million in Tobacco Settlement funds. Setting aside $23 million in reserves, the Governor plans to spend approximately $445 million for the Healthy Families and Medi-Cal programs, the Child Health and Disability Prevention Program (CHDP), breast and prostate cancer treatment, and a youth anti-smoking program. Unfortunately, however, the Governor is using Tobacco Settlement funds to supplant State General Fund. As a result, the State's General Fund commitment to health services will decrease between 2000-01 and 2001-02. The General Fund commitment to Medi-Cal alone is proposed to decrease by $132 million.

Medi-Cal

Eligibility

There are no policy changes for Medi-Cal eligibility in 2001-02. The approximately $500 million ($215 million GF; $170 million Tobacco Settlement funds; $115 million Federal) in budget increases for 2001-02 are attributable to policy changes the Governor made in fiscal year 2000-01, such as: expansion of Medi-Cal for working families, working disabled, and the aged, blind or disabled; continuous eligibility for children; and elimination of quarterly status reports.

Reimbursement

Pursuant to a legal settlement, the Governor's budget provides $64.2 million (GF) to increase reimbursement rates for hospital outpatient services by 30% effective July 1, 2001. However, as the Department's outpatient services are provided under Federally Qualified Health Centers (FQHCs), these rate increases will not impact the Department. The Governor's budget does not include the $350 million lump sum settlement amount for retroactive payments for outpatient services provided between 1992 and 2001. San Francisco will receive only a small portion of that amount since it obtained FQHC status in 1995, and, therefore, does not qualify for settlement funds beyond that date. The budget continues a program to pay Medicare managed care premiums for Medi-Cal eligibles and maintains funding for ancillary medical services for persons in institutes for mental disease.

Managed Care

The Governor includes $181.4 million ($91 million GF) in his budget to continue funding for the 9.2% rate increase for two-plan model rates effective October 2000.

Fraud

To continue with the anti-fraud efforts initiated in 2000-01, the Governor includes $1.4 million ($697,000 GF) to make permanent anti-fraud initiatives, such as stringent provider enrollment, expanded field audit activities, increased penalties; and onsite review of laboratories.

Healthy Families

The largest increase in health care is the $201.5 million ($115.3 million Federal funds; $76.1 million Tobacco Settlement; $0.6 million GF) expansion of the Healthy Families Program to include parents of children eligible for Healthy Families and Medi-Cal for Children with incomes up to 200 percent of poverty. Healthy Families expenditures proposed for 2001-02 represent a $333 million increase from the 2000-01 budget to serve 561,000 children, (106,000 more than last year) with incomes up to 250% of poverty. The budget also includes $3.1 million ($631,000 GF) for caseload increases for mental health services.

Public Health

Subvention

The Governor's budget includes an increase of $1 million (GF), for a total statewide allocation of $3 million, for public health subvention. This will mean a minimal increase, from $24,000 to $27,000, for San Francisco to perform its core public health functions, such as communicable disease control and surveillance and activities.

HIV/AIDS

The General Fund contributions for HIV/AIDS services are budgeted at the same levels as last year. The $5.1 million increase for the AIDS Drug Assistance Program to maintain caseload and program cost increases are proposed using Federal CARE Act Title II funds.

Prevention

In the area of prevention, the budget includes: $20 million (one-time Federal funds) for the Community Challenge Grant Program to reduce teenage and out-of-wedlock pregnancies; $20 million (Tobacco Settlement) for a teen anti-smoking campaign; $4 million (Prop 10) for the Childhood Asthma Initiative; and $1.1 million for the Lead Poisoning Prevention Program.

Proposition 99

As Californians continue to use fewer tobacco products each year, revenues for 2000-01 are estimated to decline $11.9 million below the 2000-01 budget level to $360 million. For 2001-02, revenues are estimated to decline by an additional $5 million to $355 million. The budget releases $11 million in litigation reserves, which partially offsets the $16.9 million decline in revenues estimated between 2000-01 and 2001-02, for the anti-tobacco media campaign. The proposed budget continues $24.8 million for emergency room physician and specialists under the California Healthcare for Indigents Program (CHIP). No further relief is provided, however, to ensure indigent health care services under CHIP. The budget also includes $11 million, an increase of $4.7 million over 2000-01, for increased caseload in the Access for Infants and Mothers (AIM) Program, and $11.5 million for increased caseload in the Breast Cancer Early Detection Program and a funding shortfall in the Breast Cancer Control Account. $65 million in funding for CHDP is shifted from Proposition 99 to the Tobacco Settlement Fund.

Environmental Health

Nearly all of the funding allocated to environmental health issues is for State-level programs rather than programs operated at the local level. The budget includes State-level funding for clean beaches, pesticide regulation and radiation control.

Behavioral Health

Mental Health

The Governor's budget includes $55.6 million to continue, on an ongoing basis, funding for AB 34 programs for the homeless mentally ill. This will ensure continued funding of $2.3 million for the Department for outreach and integrated services for homeless mentally ill. The budget also includes a $21.2 million ($20.2 million GF) increase for caseload growth and provider rate increases for psychiatrists and psychologists in the Mental Health Managed Care Program and $12 million (Federal funds) to fund Therapeutic Behavioral Services as a Medi-Cal benefit.

Alcohol and Drug Programs

The Governor included the $120 million (GF) designated in Proposition 36 for substance abuse treatment for non-violent drug possession offenders and also included $20.9 million ($10.2 million GF) for drug Medi-Cal caseload increases and to fund the relapse prevention program created in 1999-2000.

Aging with Dignity

The Governor's budget includes funding to continue components of the Aging with Dignity Initiative he introduced in 2000-01, such as nursing home quality assurance and the Senior Wellness Campaign. The budget also includes $1 million ($508,000 GF) to develop an assisted living waiver, pursuant to AB 499 of 2000, and $1 million ($500,00 GF) for the development of an assessment tool to identify individuals who qualify for long-term care in a community setting.

Categorical Health Programs

For uninsured or underinsured individuals with incomes below 200 percent of poverty, the budget includes an increase of $10 million (Tobacco Settlement), for a total of $20 million, for prostate cancer treatment, and $20 million for breast cancer treatment.

Federal Health Insurance Portability and Accountability Act (HIPAA)

In order to facilitate compliance with the privacy regulations of the Federal Health Insurance Portability and Accountability Act (HIPAA), the Governor's budget includes $22.4 million ($3.9 million GF) for the Departments of Health Services, Mental Health, and Alcohol and Drug Programs and the Office of Statewide Health Planning and Development.

COMMUNITY HEALTH NETWORK

San Francisco General Hospital Bond Proposal Planning Process (SFGHBPP)

The SFGHBPP had a successful kick-off last Wednesday. Gene O'Connell and the CHN staff from SFGH and the CHN Planning Office did an outstanding job in getting this planning process started. The process is being patterned after the very successful Laguna Honda Hospital (LHH) bond proposal planning process. As with LHH, City Attorney, Louise Rene and Dr. Katz are Co-Chairs of the Overall Planning Committee. Three sub-committees have been established: Program – Gene O'Connell, Chair; Finance - Ken Jensen, Chair and Technical – Carlos Villalva, Chair. All committees have broad-based CHN and Community representation. The sub-committees began meeting this week. Recommendations from the planning process are scheduled to go to the Health Commission on March 20th and the Capital Improvement Advisory Committee on March 21st. DPH will again report on the progress of the planning process at the February CHN Joint Conference.

Laguna Honda Hospital Replacement Project (LHHRP)

As the Department moves forward in planning for the LHHRP, the Department is mindful of the necessity of including ample network representation in addition to the LHH staff. Particularly, now that the City has embarked on a replacement bond planning process for San Francisco General Hospital (SFGH) it is imperative that quality communication occurs between both planning processes. In that regard, Ken Jensen and Larry Funk met with representatives of LHH and SFGH last week to discuss those services that may lend themselves to physical space and operational consolidation on a single site, whether at SFGH, LHH or at an off-site location. Some of the areas under discussion include Materials Management, Central Supply, Food Services and Accounting. These reviews will continue over a short period of time until the Department makes a decision regarding the physical placement of these services. Efficient use of time is critical to maintain the financial viability of this project. The Department will continue to work with the Project Manager, Michael Lane, Larry Funk and the Architects in bringing this project to fruition. The Department has scheduled an advisory group meeting for February 7, 2001, at 7:00 p.m. at Laguna Honda Hospital Resident's Library located on the 3rd floor of the main building.

Integration of LTC Pilot Project Task Force with the Department of Aging and Adult Services.

On January 19, 2001, the LTC Pilot Project Task Force reviewed issues related to the integration of its activities with the new Department of Aging and Adult Services (DAAS). The intention is to operate planning activities of the LTC Pilot Project Task Force and DAAS as one integrated effort and a. transition plan to integrate all planning activities is now being developed. DAAS will expand the Commission on the Aging into the Commission on Aging and Adult Services. Additional Commission slots will be added: long-term care (2 slots); younger disabled adults (1 slot); veterans affairs (1 slot); and dependent adults (1 slot).

Short Term Stay Program s Beginning at Laguna Honda

This month Laguna Honda Hospital will begin implementing the "Short-Term Care Program: Expediting Reentry to the Community." Short-Term Care is a program providing services to individuals who demonstrate potential for discharge within 90 days from time of admission, utilizing rehabilitation interventions and early, aggressive discharge planning. The Short-Term Care Program will be the first of several LHH efforts this year to promote early discharge and independent functioning, and should expedite patient flow through the CHN.

Pharmacy Transition Update

Complete data for the first two weeks of PBM operation (November 16 – 30, 2000) indicate that a total of 2,711 prescriptions were filled for uninsured CHN patients by 77 community pharmacies located in San Francisco during that period. In December, 93 community pharmacies were utilized to fill 6,695 prescriptions. 31% of the prescriptions filled in the community were filled in independent pharmacies, 48% were filled in a Walgreen's Pharmacy, and the remainder was filled in other chain pharmacies.

In December 2000, the pharmacy at SFGH experienced a drop in total prescription volume of approximately 29% when compared to the average for the three months preceding PBM implementation. The average weekday prescription volume also declined to 823 (from pre-PBM averages of 1100 – 1150.) However, the volume of prescriptions filled at SFGH for uninsured CHN patients, combined with the volume of prescriptions filled by the PBM pharmacies, remained the same as it was prior to PBM implementation. This finding may be interpreted as an indication that the PBM is continuing to serve uninsured CHN patients. It is anticipated that the SFGH pharmacy will be able to achieve its goal of wait times consistent with the community standard (30-40 minutes) for the majority of patients when the average daily prescription volume is 500 or less.

POPULATION HEALTH AND PREVENTION

Campaign Nominated for GLADD Media Award, 2001

The Department has been informed that the "HIV Stops With Me" campaign--sponsored by the Department's HIV Prevention for Positives Project--has been nominated for a prestigious national media award by Gay and Lesbian Advocates and Defenders (GLADD)--a major media watchdog agency.

The HIV Stops With Me campaign is an excellent example of the benefits of public-private partnerships for health education and community service.

Congratulations to Charles Klein, Project Manager, Mike Shriver (former) Community Advisory Board Chair and our partners at Better World Advertising. More information about this project can be found on the **hivstopswithme.org** website.

African American Health Initiative

The Department's African American Health Initiative participated in the first health fair held in conjunction with the Martin Luther King Birthday celebration at Bill Graham Auditorium. The event was an excellent opportunity to address the health disparities that impact the African American community. Staff was on hand with outreach and information on breast and cervical cancer, domestic violence, HIV programs and prostrate cancer. The Adult Immunization Program gave out free flu shots. The health component was co-sponsored by Kaiser Permanente and The Glide Foundation. Thanks to Cynthia Selmar for coordinating these efforts.

Community Health Promotion and Prevention

In observance of Child Passenger Safety Week (February 11-17), a free car seat inspection will be held at Gate 5 of the Cow Palace on Saturday, February 10 from 9:00 a.m. to 2:00 p.m. Trained car seat checkers from San Francisco, San Mateo and Santa Clara counties will help families determine the appropriate seat for their children and vehicles, and position the seats correctly. Call (650) 991-8106 for an appointment. Drive-ins will be seen on a first come, first served basis.

Housing and Urban Health

The Department hosted a Regional Heroin Overdose Working Group on January 22. Representatives from Seattle, Portland; Salt Lake City, New Mexico; Santa Cruz and San Francisco participated. Data, programs, policies and successes were presented. Future collaborations were planned with the goal of reducing deaths due to heroin overdose; the third leading cause of years of lost life in San Francisco.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE AWARDS FOR JANUARY 2001

On behalf of the Commission, Vice President Umekubo presented the awards to the following:

Individual Nominees	Division	Nominated by
Stephanie Feldman, Physical Therapist	Rehabilitation Department SFGH	Vinita S. Levet, PT
Evita Mullins, Nurse Manager	CHN – Primary Care	Michael Drennan, MD Center Director, and staff
Joseph Pendon	Nursing – SFGH	Gene O'Connell, Executive Director, SFGHMC

Note: Stephanie Feldman was unable to attend.

6) ELECTION OF THE PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 2001

Commissioner Chow nominated Commissioner Guy for re-election as President of the Commission.

Action Taken: The Commission unanimously re-elected Commissioner Guy as President.

Commissioner Umekubo nominated Commissioner Chow for Vice President of the Commission.

Action Taken: The Commission unanimously re-elected Commissioner Chow as Vice President.

President Guy stated the assignments for the Joint Conference Committees will be announced at the February 6, 2001 meeting.

President Guy announced that the Mayor has appointed Arthur M. Jackson, who is the President of the Commission on the Aging and a former Health Commissioner, to serve the remaining term of former Health Commissioner Ron Hill. Commissioner Jackson will attend the February 6, 2001 meeting.

7) PRESENTATION ON OPTIONS FOR ACHIEVING UNIVERSAL HEALTH INSURANCE COVERAGE IN SAN FRANCISCO AND CONSIDERATION OF A RESOLUTION

Tangerine Brigham, Director of Policy and Planning, gave an overview of options for achieving universal health care coverage, (Attachment A). The document outlines additional steps that can be pursued to achieve the City and County's goal of universal health care. Specifically, this document recommends developing a health insurance program that provides coverage to uninsured children (0-18 years of age) who are: (1) ineligible for State and Federally-funded health insurance, and (2) have family incomes at or below 300% of the Federal poverty level.

Supervisor Mark Leno, Chairman of the Board of Supervisors Finance Committee, indicated his high priority along with his Board colleagues for children's health care coverage. He would work with the Commission and the Department on this very important issue.

Public Speakers:

Deborah Alvarez-Rodriguez, Director of the Department of Children, Youth and Their Families, urged Commission to explore all State and Federal revenues; continue to look at implications for family members; encouraged the Department to work collaboratively with the Mayor and her Department.

Melinda Paras, Health Access, stated this is a real opportunity to take a substantial portion of the children's population and take small incremental steps towards universal health care; already have foundation for outreach; the CHN would be positioned to absorb this population.

Jean Fraser, S.F. Health Plan, endorses the plan and incremental approach; submitted written testimony explaining why the S.F. Health Plan is the logical choice for the program.

Margaret Brodkin, Coleman Advocates for Children and Youth, supports the planning and outreach; supports coordinated system for universal health along with DCYF and the Proposition 10 Commission; wants to participate in planning.

Neil Gendel, Healthy Children Organizing Project, supports concept of coverage for all children, especially 0-5 years; access to culturally appropriate coverage.

Dave Fox, retired Deputy City Attorney, supports universal health care for children..

Dr. Elissa Song, UCSF Pediatrician, commends the plan; this is first step and should include parents; provide secure source of funding; do not cut existing children's programs.

Suki O'Raghallaigh, aide for Supervisor Gerardo Sandoval, pointed out District 11 has more uninsured children.

Commissioner Comments:

- This plan is an outstanding approach to provide health services to children; go forward in increments; thanked the Department and staff
- Thanked all speakers; very important protocol; critical to have sustained funding
- Challenge is how to get the word out and get enrolled effectively in collaboration with other groups

- Supports going at the 300% poverty level, including vision and dental.

- Dr. Katz stated the Department will collaborate with all of the appropriate entities.

Action Taken: The Commission adopted Resolution #4-01, "Supporting Achievement of Universal Health Care and Expanding Health Care Coverage to Uninsured Children and Youth", (Attachment B).

8) PRESENTATION OF THE PROPOSED DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 2001-02

Mr. Matthew Hymel from the Controller's Office presented graphs on total City revenues, allocation of revenues, (Attachment C). He pointed out the following risk factors in the FY 2001-02 budget:

- Lower beginning balance
- Business tax litigation
- Stagnant health revenues
- Rising energy costs

Monique Zmuda, DPH Chief Financial Officer, presented a Summary of the Proposed Budget for FY 2001-02, (Attachment D). A message from the Health Director for FY 2001-02 Budget, (Attachment E) was submitted. A copy of the full Budget is available in the Commission Office.

Ms. Zmuda reported the budget reflects the direction of the Department's new Strategic Plan. She pointed out the Department is not assured of receiving the requested additional $22 million in General Funds. Without this, she foresees a need for proposed reductions. She also pointed out the importance of COLA's to the contractors and will continue to advocate for this.

Ms. Zmuda acknowledged the work of her new staff person James Alexander, Budget Analyst.

Public Speakers:

Keith Choy, Mayor's Criminal Justice Council, advocated for $200,000 emergency housing as an above the base budget service.

Alan Gelb, M.D., SFGH Medical Staff, indicated the budget process was better this y ear; supports COLA's for UCSF; be bold and include in budget now.

Frederick Hobson, DAAB, submitted budget recommendations from the DAAB/CAAB and a Board of Supervisors' resolution supporting the DAAB recommendations.

Kate Monico-Klein, Forensics AIDS Project, supports above the base funding for emergency housing.

Jennifer Friedenbach, Coalition on Homelessness, urged Commission to stand up to Mayor Brown and support the mental health system.

Belinda Lyons, Mental Health Association, supports a full-time access advocate position.

L. S. Wilson, Coalition on Homelessness, stated the need to integrate job training and mental health treatment in the community.

Darren Lewis, Coalition on Homelessness, urged funding of 10 peer counselors to work in the community.

Christina Taylor, Community Housing Partnerships, works with Transgender Outreach and peer counseling; described discrimination and need for hormone therapy; supports COLA's for all positions.

Kym Valdez, Swords to Plowshares, supports the People's Budget, COLA's for contract agencies; described the CBO's loss of ability to pay bills.

Kate Gudsey; Jail Psych Services, supports increase in funding for jail health; complex patients in the jails; not able to recruit and retain staff.

Phil Hopewell, M.D., SFGH/UCSF, described the U.C. contract; not funding the COLA's will result in service reductions.

Don Seaver, M.D., Jail Psych Services, needs excellent clinicians and reasonable salaries.

Talmadge King, M.D., Chief of Medical Services, supports the high-utilizer program; can't go into next year without cuts.

Alicia Fernandez, M.D., SFGH Department of Medicine, described high-utilizers of acute services and the conference on this subject; high-utilizer program is case management based.

Michael Wise, S.F. Network of Mental Health clients, submitted sample of Voices at Bay newsletter.

Nika St. Claire, Contractor's Association, urged increased funding for staffing and infrastructure; urged 10% COLA's or forced to reduce services by 10%.

Michael Lyon, Emergency Coalition, described need for critical care beds; demanded all service cuts restored.

Helynna Brooke, Mental Health Board, supports full COLA's and full funding for single standard of care for mental health.

Mark Siobal, SFGH Respiratory Services, described impact of underfunded COLA's; will cause decrease in services and will be out of compliance.

Eve Meyer, S.F. Suicide Prevention, urged to include COLA's and described impact on the partnership between the Department and contractors.

Ward Gypson, M.D., SFGH, supports trauma enhancement for traumatic brain injuries.

Robert MacKersie, M.D., SFGH, supports ER respiratory and support services to trauma services.

Sue Carlisle, M.D., SFGH urged to maintain exceptional care at SFGH; increases in COLA's; committed to working smart.

Ernest Ring, M.D., SFGH Radiology, supports COLA's; described radiology needs; lack of good salaries for staff.

Neil Stollman, M.D., SFGH, described prevention through colon cancer screening would have to be cut if COLA's are not given.

Karen Patterson Matthew, BVHP Foundation and Mental Health/Substance Abuse Contractors Association, expressed willingness to support the Strategic Plan but is disappointed on the elimination of support to CBO's and COLA's; urged Commission to refuse a budget that eliminates COLA's for contractors.

Darryl Inaba, HAFACI, supports COLA's for contractors; considers this a priority in the budget; harder to maintain staff.

Richard Heasley, S.F. Mental Health Contractors Association, described CBO's reaching desperation, more difficult to maintain service levels.

June Duenas, Family Links to Mental Health, supports children's mental health to prevent more expenses later in life.

Written testimony was submitted by:

Laura Ware and Joyce Miller, Local Homeless Board
Alan Kaufman, Citywide Case Management Forensic Project
S.F. Association of Alcohol and Drug Program Contractors

Commissioners' Comments:

- Expressed concern of impact on SFGH without COLA's to the U.C. contract
- Expressed concern of impact on service delivery without COLA's to Department contracts
- Important to include concern for COLA's in the budget and that service impacts will occur without COLA's
- Supports inclusion of the high utilizer program at SFGH; relook at this
- Acknowledged the continuous message that multitude of safety nets are being threatened
- Wants one Department approach to COLA's not to separate out the U.C. contract
- Indicate in the resolution about the COLA's and what you would be losing
- Wants to see revision of resolution to include the concern for COLA's with consequences on services

- Complimented staff on work on the budget

Dr. Katz pointed out in the absence of COLA's, there will be service cuts.

9) OTHER BUSINESS/PUBLIC COMMENTS

Commissioner Monfredini raised the question of starting Commission meetings earlier when agendas are lengthy.

The meeting was adjourned at 7:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (5)

EXECUTIVE SUMMARY

This policy paper discusses options available to achieve universal health care for San Francisco's approximately 135,000 uninsured residents. It extends the work of the Mayor's Blue Ribbon Committee on Universal Health Care.

The principal factor contributing to an increase in the number of uninsured is the lack of affordable health care coverage – for employers, employees and the self-employed. Despite growth in our local, state and national economies, the number of uninsured has not decreased.

San Francisco's uninsured use a patchwork of providers – the Department of Public Health, the community clinics, private providers and non-profit hospitals – to receive care. The uninsured have greater difficulty obtaining needed medical care and have lower health status. Expansion of health care coverage would improve access to care for, and the health status of, the uninsured population.

The City and County of San Francisco, unlike the United States federal government or the State of California, has a policy goal (Proposition J) to achieve universal coverage. Since voter approval of Proposition J (November 1998), the following steps have been taken to expand health care:

- The City and County of San Francisco (CCSF) has expanded health care coverage to In-Home Support Services (IHSS) workers.
- The CCSF will launched a pilot program to offer health insurance to low-income child care providers.
- The CCSF is developing health insurance coverage as a component to the Minimum Compensation Ordinance.
- The State of California has implemented the Healthy Families health insurance program for low-income children and is contemplating expanding the program to cover the uninsured parents of Healthy Families and Medi-Cal children.
- The State of California has expanded Medi-Cal eligibility for children and adults and is simplifying the application process.

This paper outlines the next steps for achieving CCSF's goal of universal health care. CCSF recognizes that expansion of health care to the uninsured must be phased in given the complexities inherent in appropriately expanding coverage to low-income and vulnerable populations. A phased-in approach will allow the CCSF to gain practical experience in implementing health care coverage programs as it attempts to cover all uninsured residents. In addition, it acknowledges that as a practical matter, universal coverage must be phased in given the financial resources of the CCSF.

The following options for expanding health care coverage are discussed in this report:

- increase enrollment of uninsured residents into publicly-funded health insurance programs,
- create an employer-based purchasing pool with a subsidy for low income workers and
- expand health care coverage for discrete uninsured populations.

The advantages and disadvantages of each option are provided. As outlined in this policy paper, many of the options are not advantageous because they: (1) might jeopardize the viability of the safety net, (2) are very costly and/or (3) may not yield the intended result. After reviewing the options, this report outlines various operational issues such as:

- defining the scope of benefits,
- partnering with a health plan and
- financing the costs of the program.

While expanding health care coverage to uninsured residents may be the preferred method of expanding access to care, it is not the only method. The uninsured can also have access to health care services by:

- increasing financial support to providers serving the uninsured and
- encouraging other non-safety net providers to provide increased charity care to the uninsured.

The City and County should continue to pursue these options as it simultaneously expands health care coverage. This is necessary because health care coverage cannot be mandated and some portion of the population will always remain uninsured for a variety of reasons.

Recommendations

The Department of Public Health recommends an incremental approach to achieve universal health care coverage for all San Franciscans. While an incremental approach is slower, it is also more likely to succeed by allowing the CCSF to appropriately identify the financial resources and specific issues necessary to expand coverage for each uninsured population. If done thoughtfully, an incremental approach can lead to a comprehensive solution to improving access and ensuring universal coverage. As a next step toward universal coverage, the following is recommended:

Population
- Develop a health insurance program that provides coverage to uninsured children (aged 0 - 18) who are ineligible for publicly-funded health care insurance and have family incomes at or below 300% of the federal poverty level.

Outreach
- Enhance local education and outreach efforts to enroll eligible, but not enrolled uninsured residents into publicly-funded health insurance programs.

Funding
- Allocate sufficient funds to provide health care coverage to uninsured children.
- Allocate sufficient funding to expand local outreach efforts.
- Explore the potential of using Proposition 10 and Proposition D funding to support health care coverage to uninsured children.

Health Plan
- Provide coverage to uninsured children through the San Francisco Health Plan.

Scope of Benefits
- Provide a comprehensive benefits package that includes health (physical and behavioral), dental and vision services.

These recommendations are made with the realization that the City and County must continue to support a safety net system as it simultaneously undertakes efforts to expand health care coverage to the uninsured. While supporting the safety net and expanding health care coverage are not mutually exclusive, achieving both requires that any universal health care initiative be undertaken on an incremental basis given funding and resource limitations.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 4-01

SUPPORTING ACHIEVEMENT OF UNIVERSAL HEALTH CARE AND EXPANDING HEALTH CARE COVERAGE TO UNINSURED CHILDREN AND YOUTH

WHEREAS, there are an estimated 135,000 uninsured San Francisco residents, and 9,245 are estimated to be children and youth; and,

WHEREAS, uninsured residents lack a usual source of care, must navigate a complex, fragmented health care delivery system and when they do seek services, their ailments are often more advanced and more difficult to treat; and,

WHEREAS, costly health care premiums are the principal reason why many employers, particularly small employers, do not offer health care coverage and why many low-income working people cannot afford coverage on their own; and,

WHEREAS, the City and County of San Francisco have taken the following steps to expand health care coverage since the passage of Proposition J in November 1998: (1) expanded health care coverage to In-Home Support Services (IHSS) workers, (2) launched a pilot program to offer health insurance to low-income child care providers, and (3) drafted a proposed health insurance coverage component to the Minimum Compensation Ordinance; and,

WHEREAS, expanding health care coverage to San Francisco's uninsured is identified as a strategy for the Department to pursue as part of the approved Strategic Plan; and,

WHEREAS, an incremental approach to achieving universal health care coverage allows the City and County to appropriately identify the financial resources and specific issues necessary to expand coverage to each uninsured population; and,

WHEREAS, developing a health insurance program for uninsured children is a next step to expanding health care coverage and achieving universal health care; and,

WHEREAS, children have no way of obtaining health insurance on their own, and successfully providing coverage to children could be a necessary step to providing coverage to their uninsured parents; and,

WHEREAS, an investment in health care for children is an investment in prevention since health care for children consists primarily of immunizations, anticipatory guidance, and preventive dental care; and,

WHEREAS, to minimize confusion for parents, any locally developed program for children should mirror the State's Healthy Families program; now, therefore, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 4-01 (Cont'd.)

RESOLVED, that the San Francisco Health Commission endorses an incremental approach to achieving universal health care; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission advocates for sufficient funding to conduct outreach and education to enroll eligible children and families into State and/or Federally-funded health insurance programs, such as Medi-Cal, Healthy Families and Access to Infants and Mothers; and, be it

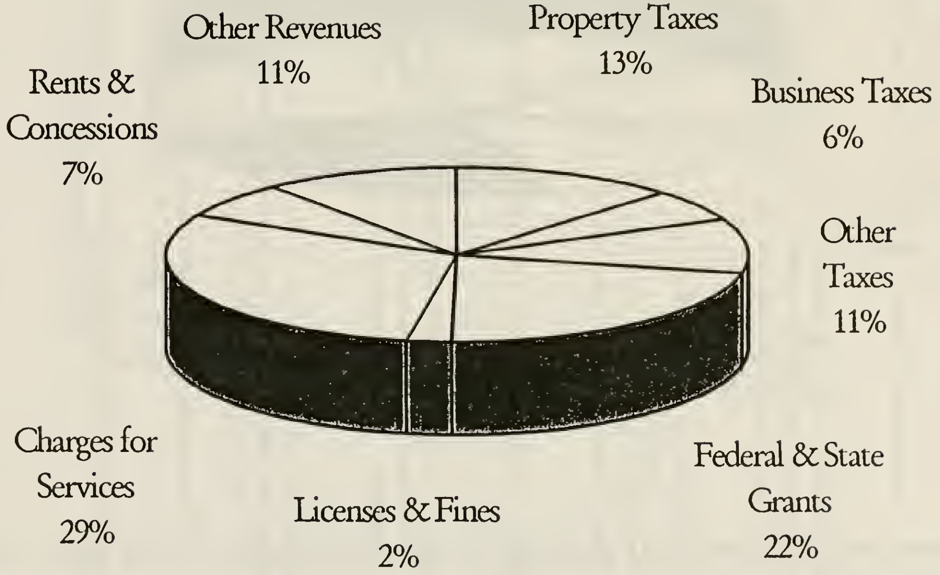
FURTHER RESOLVED, that the San Francisco Health Commission instructs the Department of Public Health to: (1) develop an insurance program to provide health care coverage to uninsured children ages 0 – 18 years who are ineligible for State and Federally funded health insurance, and have family incomes below 300% of the Federal poverty level, (2) conduct outreach and education for this local program. (3) provide health care coverage to uninsured children through the San Francisco Health Plan, and (4) pursue available sources of funding.

I hereby certify that the Health Commission at its meeting of January 30, 2001 adopted the foregoing resolution.

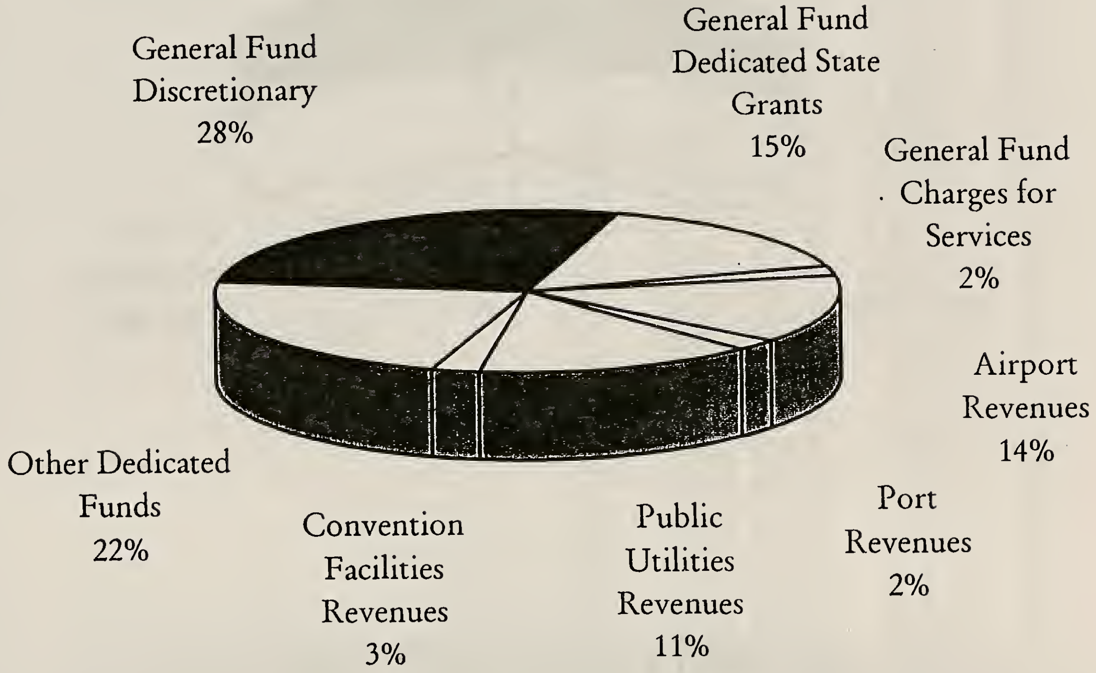
Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City revenues total $4.5 billion



Unallocated revenues total $1.3 billion, or about 28% of total City revenues. Over 70% of our revenues are dedicated for specific purposes.



Attachment C
Page 2 of 2

II. SUMMARY OF PROPOSED BUDGET FOR FY 01-02

Baseline Budget and Revenue Producing Program Enhancements

The total proposed budget for FY 01-02 for the Department of Public Health, including grants is $922.6 million. This amount includes the baseline budget, and a request to add additional services with third party revenues. The proposed expenditure budget is a $39.5 million increase over the current year budget of $883 million.

Operating revenues, including new programs that generate revenues, are projected to increase by $14 million from $549.9 million in FY 00-01 to $563.8 million in FY 01-02. This revenue increase includes a small increase attributed to increased allocations and net patient revenues, and also an increase due to the creation of new programs that are supported by federal, state, or fee revenues.

Grant revenues are projected to increase by $3.4 million from $73.9 million in FY00-01 to $77.3 million in FY 01-02.

If the budget is approved as requested, the General Fund allocation from the City and County to the Department of Health for FY 01-02 will increase by $22.2 million to $281.5 million from $259.3 million in FY 00-01. This represents an 8% increase to the current General Fund allocation.

The following report includes a more detailed view of our budget including the Mayor's Budget Office instructions, our revenues and expenditure plan, the capital and equipment budgets, and request for approval of revenue generating service enhancements.

Also attached is a resolution for Health Commission consideration to approve the Department's proposed budget submission for FY 01-02.

The following page provides a department-wide summary of the revenues, expenditures and grant fund request in the proposed budget for FY 01-02.

Attachment D

Department of Public Health
Revenues, Expenditures and General Fund By Division

FY 01-02 Budget - Baseline & New Programs

	Revenues*			Expenditures			General Fund**		
	FY 00-01 Budget	FY 01-02 Budget	Increase / (Decrease)	FY 00-01 Budget	FY 01-02 Budget	Increase / (Decrease)	FY 00-01 Budget	FY 01-02 Budget	Increase / (Decrease)
Community Health Network									
SFGH	261,981,916	265,726,820	3,744,904	341,539,112	351,176,257	9,637,145	79,557,196	85,449,437	5,892,241
Laguna Honda Hospital	103,739,559	98,739,559	(5,000,000)	132,208,146	134,598,146	2,390,000	28,468,587	35,858,587	7,390,000
Primary Care	14,448,300	15,387,200	938,900	46,557,578	48,581,279	2,023,701	32,109,278	33,194,079	1,084,801
Jail Health Services	790,910	790,910	0	22,084,599	25,239,175	3,154,576	21,293,689	24,448,265	3,154,576
Subtotal	380,960,685	380,644,489	(316,196)	542,389,435	559,594,857	17,205,422	161,428,750	178,950,368	17,521,618
Population Health & Prevention									
PHP & Central Admin	168,875,292	183,144,816	14,269,524	266,732,047	285,650,872	18,918,825	97,856,755	102,506,056	4,649,301
Subtotal	168,875,292	183,144,816	14,269,524	266,732,047	285,650,872	18,918,825	97,858,755	102,506,056	4,649,301
Subtotal	**549,835,977**	**563,789,305**	**13,953,328**	**809,121,482**	**845,245,729**	**36,124,247**	**259,285,505**	**281,456,424**	**22,170,919**
Grants	73,942,853	77,350,280	3,407,427	73,942,853	77,350,280	3,407,427	0	0	0
Total DPH	**623,778,830**	**641,139,585**	**17,360,755**	**883,064,335**	**922,596,009**	**39,531,674**	**259,285,505**	**281,456,424**	**22,170,919**

* Revenues per AAO (include work order recovery)

I. MESSAGE FROM THE HEALTH DIRECTOR ON FY 01-02 BUDGET

I am presenting the Department of Public Health's FY 01-02 budget for consideration and approval by the Health Commission. This budget submission is a major step forward in implementing the goals and directions of the Department's strategic plan. In developing this budget, the Department has evaluated current services, and proposes to change the status quo and provide new strategies to meet the City's public health needs for the new millennium.

Over the past two years, the Health Department asked for and received from the Mayor and the Board of Supervisors over $40 million dollars of general fund to replace lost federal and state grant revenues. We are grateful to the Mayor and to the Board of Supervisors for their support and financial assistance. However, because the majority of new General Funds were used to replace lost Federal and State revenues, we were not able to expand or increase health services to the extent that the needs assessments suggest in the strategic plan. In this budget year, we estimate that the majority of our revenues will stay constant, finally stemming the trend of reduced third party payments from MediCal and Medicare.

However, it should also be noted that even with constant revenues, our financial condition is not stable. The cost of operating the hospitals, community-based programs, and public health services continues to rise. In addition, the number of uninsured continues to grow, and technological advances dictate that we purchase more expensive equipment, supplies, and pharmaceuticals in order to provide the best care available to the citizens of San Francisco. Finally, our costs continue to rise because of inflation and because of the age and condition of our healthcare facilities.

If the Department of Public Health is to continue to provide the current level of services we will require an additional $22 million in General Fund support. This is necessary to provide the mandated cost of living increase to our civil service employees, to replace lost State funding for Laguna Honda Hospital, to fund pharmaceuticals and costs associated with the continuation of the outpatient pharmacy at San Francisco General Hospital, to maintain the current level of staffing in our jails, and to meet the rising cost of rent. Submitting a budget asking for $22 million dollars of additional general fund to fund the baseline budget is not consistent with the instructions of the Mayor's budget office. We have been asked to submit a budget for the same level of general fund that we received last year. However, I believe that we must ask for these additional dollars in order to prevent service reductions.

I am proposing aggressive steps to bring in $11.5 million in additional revenues from State and Federal resources in order to increase the services currently available. These new programs and expanded services will not cost additional County General Fund dollars, but rather will be funded through reallocation of our existing resources and through maximizing existing federal and state revenues.

The Health Commission has articulated a number of important priorities, especially the desire to increase prevention, to provide supportive housing, and to create alternatives to acute care. Our last budget developed initiatives to increase prevention, primary care, sub-acute care, home care, rehabilitative care, and to reduce acute care. In this budget, we will maintain the level of acute care services, however, we will continue to build programs that will reduce the need for acute care, and will focus a portion of our limited resources on creating innovative programs to serve patients in a community based or outpatient setting. We will introduce initiatives to treat the social needs (e.g., homelessness, substance use, and mental illness) of patients who have long hospitalizations and high rates of readmission. Thus, we will use our resources more effectively, providing a better level of care and service to our patients, and avoid future cost increases.

In this regard, I am recommending the following major initiatives, which will be funded without the need for additional General Funds:

- A Clinical Pharmacy Management Program to provide appropriate clinical interventions to inpatients with chronic health problems. This program is aimed to both reduce the use and frequency to drugs used, and to reduce the number of emergency room and inpatient stays. ($208,285)
- Increase to prevention by expanding the existing mammography services at SFGH to include week-end and night clinics ($307,800)
- An Acute Medical Psychiatric Focused Unit at SFGH to cohort and treat both the medical and psychiatric illnesses of repeat inpatients. ($364,479)
- An Emergency Department overnight observation unit to provide a more appropriate level of care for patients in the ED that do not require this level of care, but cannot yet be discharged. This program will decrease Emergency Department diversion, increase accessibility to emergency services and improve utilization of all treatment areas in the department by transferring adult patients form ED critical care treatment spaces to underutilized treatment rooms in another part of the ED.($265,000)
- Expansion of trauma services at SFGH to fund additional traumatic brain injury services and to enhance staffing and equipment ($1,342,000)
- An Early Discharge and Placement Unit at LHH to provide needed social services and placement required to discharge patients into community settings when they are medically ready ($204,000)
- Increased primary care/behavioral health services at Maxine Hall Health Center ($235,000)

- Increased social work and case management services to primary care centers to assist them in meeting the needs of high risk patients referred from inpatient services ($233,000)

- Increased home health services for children with serious health problems ($146,000)

- Increase case management and access to medical care for children with serious medical conditions who qualify for the California Children Services Program ($1,700,000).

- Increased Napa State Hospital mental health subacute beds in order to reduce unnecessary days in acute hospital psychiatric beds ($875,000)

- Increase funding to mental health supportive housing programs to prevent loss of beds that would otherwise occur due to lost grants ($563,000).

- Annualization and enhancement of the State funded Homeless Mentally Health Initiative (AB2034) to provide outpatient, case management and supportive housing services to homeless mentally ill in San Francisco ($835,000 of additional funding)

- Annualization the State funded Prop 36 Substance Abuse and Crime Prevention Act to provide substance abuse treatment to persons convicted of non-violent crimes ($2,000,000 of additional funding beyond current year allocation)

With these major initiatives, we have been able to produce a budget with significant increases to programs without additional funding from the City.

The Mayor and the Board of Supervisors have traditionally been very supportive of our Department. It is my hope that with the support of the Health Commission we will be able to obtain the additional funding for the baseline General Fund increase, and approval to expand services with new revenues. When the Mayor and the Board review the proposals contained in this report, I believe that they will agree that we have made major strides to improve and expand services with all existing resources.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. **(415) 554-2666**
FAX **(415) 554-2665**

Web Site: ***http//www.dph.sf.ca.us***

AGENDA

HEALTH COMMISSION MEETING

February 6, 2001
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **AIDS Office -** Request for approval of contract term extensions for 61 CARE funded HIV Health Services contracts with the following 44 contractors for four months, from March 1, 2001 through June 30, 2001:

AIDS Emergency Fund
AIDS Legal Referral Panel
American College of Traditional Chinese Medicine
Ark of Refuge
Asian & Pacific Islander Wellness Center
Baker Places, Inc.
Bar Association of San Francisco
Catholic Charities
Chemical Awareness and Treatment Services
Community Dental Care, Inc.
CompassPoint Nonprofit Services, Inc.
Continuum HIV Day Services
Dolores Street Community Services
Family Service Agency of San Francisco
Family Support Services of the Bay Area
Glide Foundation
Haight-Ashbury Free Clinics, Inc.
Immune Enhancement Project
Instituto Familiar de la Raza
Iris Center
Legal Services for Children
Lutheran Social Services
Lyon-Martin Women's Health Services
Maitri AIDS Hospice
Mission Neighborhood Health Center
New Leaf
Positive Resource Center
Project Open Hand
Quan Yin Healing Arts Center
Saint Mary's Medical Center
San Francisco Community Clinic Consortium
San Francisco Food Bank
San Francisco Suicide Prevention
Shanti Project
Tenderloin AIDS Resource Center
UCSF AIDS Health Project
UCSF Center on Deafness
UCSF Pediatric AIDS Program
UCSF/SFGH/Dept of Psychiatry/Sub Abuse Services
UCSF Women's Specialty Clinic
University of the Pacific School of Dentistry
Urban Indian Health Board
Walden House
Westside Community Mental Center

(3.2) **PHP-CHPP –** Request for approval of a retroactive sole source contract renewal with the San Francisco Study Center (SFSC), in the amount of $498,537, to provide technical assistance to the Health and Environmental Resource Center regarding asthma and cancer community services targeting residents of Bayview Hunters Point, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with SFSC for services totaling $1,790,069 during FY 1999-2000).
* *Calendaring request memo, Monitoring report summary, Program Performance & Compliance Rating Instrument, Letter from BVHP, Monitoring report update, Client demographic information form*

(3.3) **PHP-CHPP** – Request for approval of retroactive sole source contract renewal with San Francisco Study Center (SFSC), in the amount of $325,851, to provide support and technical assistance services to the DPH African American Health Initiatives program targeting the African American community, for the period of July 1, 2000 through June 30, 3001. (DPH contracted with SFSC for services totaling $1,790,069 during FY 1999-2000).
* *Calendaring request memo, Monitoring report summary, Program Performance & Compliance Rating Instrument, Client demographic information form*

(3.4) **PHP-CSAS** – Request for approval of retroactive contract renewal with Addiction Research & Treatment, Inc. dba BAART, in the amount of $4,421,181 per year for a two-year total of $8,842,362, to provide methadone maintenance and outpatient counseling services targeting opiate addicted residents, including pregnant/post-partum women, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with BAART for services totaling $4,421,181 during FY 1999-2000).
* *Calendaring request memo, Letter from DPH-CSAS, Letter from BAART, Monitoring report summaries, Client demographic information forms*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)

4) (Cont'd.) (Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **FOR DISCUSSION:** **PRESENTATION OF THE 2000-02 CHILDREN'S SERVICES PLAN UPDATE FOR THE DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES**
(Deborah Alvarez-Rodriguez, Director)
**2001 Update*

6) **FOR DISCUSSION:** **PRESENTATION OF THE 6-MONTH REPORT ON THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 2000-01**
**Report*

7) **PROPOSED ACTION:** **CONSIDERATION OF A RESOLUTION APPROVING THE FY 2001-02 DEPARTMENT OF PUBLIC HEALTH BUDGET**
**Proposed resolution*

8) **TIME SPECIFIC AT 4:30 P.M.**

FOR DISCUSSION AND PROPOSED ACTION: **CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE AFFILIATION BETWEEN SUTTER HEALTH AND ST. LUKE'S HOSPITAL WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH SERVICE OF THE COMMUNITY**
**Proposed resolution*

9) **OTHER BUSINESS/PUBLIC COMMENTS****

10) **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION**

A. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

B. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

PERLITA SORIANO VS CCSF, (SAN FRANCISCO GENERAL HOSPITAL) –SAN FRANCISCO SUPERIOR COURT #313-573, AND ERD GRIEVANCE #86-99-0381

C. RECONVENE IN OPEN SESSION:

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTIONS 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, February 6, 2001
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 3:05 p.m.

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Present:	Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Arthur M. Jackson Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D. Commissioner John I. Umekubo, M.D.

President Guy welcomed the newest appointee to the Commission, Arthur M. Jackson, who had previously served on the Commission under Mayor Frank Jordan.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) AIDS Office - Request for approval of contract term extensions for 61 CARE funded HIV Health Services contracts with the following 44 contractors for four months, from March 1, 2001 through June 30, 2001:

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Continuum HIV Day Services
Dolores Street Community Services
Family Service Agency of San Francisco
Family Support Services of the Bay Area
Glide Foundation
Haight-Ashbury Free Clinics, Inc.
Immune Enhancement Project
Instituto Familiar de la Raza
Iris Center
Legal Services for Children
Lutheran Social Services
Lyon-Martin Women's Health Services
Maitri AIDS Hospice
Mission Neighborhood Health Center
New Leaf
Positive Resource Center
Project Open Hand
Quan Yin Healing Arts Center
Saint Mary's Medical Center
San Francisco Community Clinic Consortium
San Francisco Food Bank
San Francisco Suicide Prevention
Shanti Project
Tenderloin AIDS Resource Center
UCSF AIDS Health Project
UCSF Center on Deafness
UCSF Pediatric AIDS Program
UCSF/SFGH/Dept of Psychiatry/Sub Abuse Services
UCSF Women's Specialty Clinic
University of the Pacific School of Dentistry
Urban Indian Health Board
Walden House
Westside Community Mental Center

(3.2) PHP-CHPP – Request for approval of a retroactive sole source contract renewal with the San Francisco Study Center (SFSC), in the amount of $498,537, to provide technical assistance to the Health and Environmental Resource Center regarding asthma and cancer community services targeting residents of Bayview Hunters Point, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with SFSC for services totaling $1,790,069 during FY 1999-2000).

Commissioner Parker commended the program on its progress.

(3.3) PHP-CHPP – Request for approval of retroactive sole source contract renewal with San Francisco Study Center (SFSC), in the amount of $325,851, to provide support and technical assistance services to the DPH African American Health Initiatives program targeting the African American community, for the period of July 1, 2000 through June 30, 3001. (DPH contracted with SFSC for services totaling $1,790,069 during FY 1999-2000).

Commissioner Parker supported the hiring of staff and thanked the Department for providing resources to the African American community.

(3.4) PHP-CSAS – Request for approval of retroactive contract renewal with Addiction Research and Treatment, Inc. dba BAART, in the amount of $4,421,181 per year for a two-year total of $8,842,362, to provide methadone maintenance and outpatient counseling services targeting opiate addicted residents, including pregnant/post-partum women, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with BAART for services totaling $4,421,181 during FY 1999-2000).

Action Taken: the Commission approved the Consent Calendar of the Budget Committee. Commissioner Sanchez abstained on UCSF contracts on #3.1; and Commissioner Umekubo abstained on the St. Mary's Medical Center contract on #3.1.

4) DIRECTOR'S REPORT

(Mitchell H. Katz, M.D., Director of Health)

Dr. Katz welcomed Commissioner Jackson back to the Commission. Dr. Katz noted that the present Commission includes four former Presidents of the Commission: Edward A. Chow, M.D., Arthur M. Jackson, Lee Ann Monfredini and Roma P. Guy, MSW.

POPULATION HEALTH AND PREVENTION

Safety Device Screening Fair

The first annual Safety Device Screening Fair will be held at SFGHMC Cafeteria Conference Rooms on Tuesday, February 13, 2001. The fair is the result of the pathbreaking efforts of the joint labor-management DPH Bloodborne Pathogens Safe Devices Committee, to raise awareness of blood borne pathogen exposure and to include all staff in prevention measures. The fair will provide frontline users of sharps an opportunity to use and evaluate devices with safety technologies that may ultimately be selected for our hospital and clinical sites. Food refreshments, gifts and raffle prizes will be provided.

KOMEN Funding

Funding was received from the KOMEN Foundation ($35,000) and the West Bay partnership of the Breast Cancer Early Detection Program ($5,000), through the Women's Cancer Network, to produce three – four Town Hall meetings during calendar year 2001. Neighborhoods for the Town Hall meetings are Potrero Hill, Visitation Valley/Sunnydale, Bayview Hunters Point. The first planning meeting was January 29th.

COMMUNITY HEALTH NETWORK

Laguna Honda Hospital DOJ Visit

LHH received no official response from the Department of Justice concerning their November 28, 2000 site visit. Based upon limited informal feedback from the DOJ consultants, LHH believes that the representatives were impressed with LHH's positive developments during the last two years.

Last month LHH asked the DOJ in writing to close its investigation of LHH. Due to administrative changes in Washington, D.C., LHH does not know when it will receive a response. The Department will keep the Commission informed of any developments.

City Appointment to Board

Angela Carmen, Assistant Administrator, Facilities/Materials Management, has been appointed to represent the City and County of San Francisco on the Board of Directors of the NCSDC (Northern California Supplier Development Council). She will replace Edwin Lee, former Director of Purchasing, who is the newly appointed Director of Public Works.

The goal of the NCSDC is to promote increased procurement and business opportunities for minority businesses; and to develop mutually beneficial business relationships among the businesses, public and private sectors. The local NCSDC is one of 37 Councils nationwide. We congratulate Angela on her appointment to this Board.

SFGH/CHN Medical Staff Credentials

	01/01	2001 YTD
New Appointments	1	1
Reinstatements	0	0
Reappointments	38	38
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	10	10
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	2	2
Voluntary Relinquishments	0	0

5) PRESENTATION OF THE 2000-02 CHILDREN'S SERVICES PLAN UPDATE FOR THE DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES

(Deborah Alvarez-Rodriguez, Director)

Deborah Alvarez-Rodriguez, Director of DCYF, gave an update on the Department's Strategic Plan and evaluation approaches, the work on approved initiatives and emerging trends. A copy of the report is available in the Commission Office.

Commissioners raised issues on the summer job program, the evaluation process of CBO's, training of youth, sustainability of facilities, universal healthcare for children, and collaboration with the School District and School Superintendent.

President Guy congratulated DCYF for the successful passage in November of Prop D, the charter amendment extending and amending the Children's Amendment.

6) PRESENTATION OF THE 6-MONTH REPORT ON THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 2000-01

Monique Zmuda, CFO, presented the second quarterly final projection of revenues and expenditures for the Department of Public Health for fiscal year 2000-01, (Attachment A). These projections are based on revenue collected and billed, and expenses incurred for the first six months of the fiscal year ending December 31, 2000. Based on this date, the Department of Public Health is projecting a yearend surplus of $2.2 million for FY 2000-01. This is approximately a $2.9 million improvement from the $700,000 deficit that was reported to the Health Commission after the first quarter of operations. However, based on expected increases to power/energy costs in the current year, the Department anticipates that this entire surplus will be utilized to fund increased energy.

Ms. Zmuda will come back to the Commission with a 9-month report for FY 2000-01.

7) CONSIDERATION OF A RESOLUTION APPROVING THE FY 2001-02 DEPARTMENT OF PUBLIC HEALTH BUDGET

Monique Zmuda, Chief Financial Officer, in response to the Commission's request, reported the Department proposes to add the Medical High User Project in budget proposal for FY 2001-02. The program would be funded through an increase in MediCal revenues and through a reduction of operating expenses at SFGH.

Ms. Zmuda also presented a proposed resolution with wording to reflect the Commission's priority and support for contractor COLA's.

Commissioner Parker stated he does not support a resolution or budget that excludes the contractor COLA's. Commissioners Chow and Sanchez offered amended language to the resolution as follows: "… the Department will bring to the Health Commission recommendations on how to provide an adequate contractor COLA."

Public Speaker: Richard Heasley, Contractors' Association, thanked the Commission for the amended language for contractor COLA's without reduction of services, and for bringing this to the attention of the Mayor and Board of Supervisors.

Note: Carlina Hansen, Director of the Women's Community Clinic, submitted testimony to include the Clinic in the Department of Public Health budget for FY 2001-02.

Action Taken: The Commission unanimously adopted Resolution #5-01, "Endorsing the Principles of the Fiscal Year 2001-02 Budget, and Approving the Proposed Budget for Fiscal Year 2001-02," (Attachment B), with amendments.

8) TIME SPECIFIC AT 4:30 P.M.

CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE AFFILIATION BETWEEN SUTTER HEALTH AND ST. LUKE'S HOSPITAL WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH SERVICE OF THE COMMUNITY

Jack Fries, Chief Executive Officer of St. Luke's Hospital, introduced the following speakers who provided information and support for the affiliation with Sutter Health, (Attachment C):

Bishop William Swing
Patrick Fry
Dr. Larry Wanatek
Dr. Samuel Michael

Aleeta Van Runkle, Deputy City Attorney, reported City Attorney Louise Renne has real concerns of antitrust implications of this affiliation and is exploring the possibility of filing an antitrust lawsuit against Sutter Health.

Note: Commissioner Monfredini left at 6:00 p.m.

Public Speakers:

Marisa Hildebrand, Health Access, concerned about the acquisition and the lowered amount of charity care; Sutter Health is not the only answer; Sutter disregarded its promises.

John Borsos, SEIU Local 250, stated Sutter Health has a troubled track record; good people are saying bad things about Sutter Health; described track record of Sutter Health at CPMC.

Rev. Jan Cazden, St. Luke's Hospital, implored to continue St. Luke's; described examples of paying for supplies.

Kathryn Donohue, St. Luke's Hospital, supports affiliation; described examples of employees buying products for patient care.

Carol Ruth Silver, community activist, stated without affiliation, St. Luke's will close; begged for support for affiliation.

Riva Enteen is concerned about care for the uninsured; look for another solution when the Sutter Health track record is bad.

Alana Clifton is concerned a monopoly can cut competition; may not be a long term commitment.

Jerry Threet said safe staffing levels are needed to deliver quality health care; make sure of an enforceable agreement.

Wendy Vielman, student, says Sutter Health is not a s savior but is a corporation; shows interest after lawsuit was submitted; urged to bring in Attorney General; put guarantees in writing.

Eric Mar, member of Board of Education, expressed concern on impact on immigrants; preserve St. Luke's.

Bob Planthold, Disability Democratic Club, concerned about no restrictions on the affiliation; get it in writing.

Rev. Tomas Hernandez supports St. Luke's availability to low income people; put in writing guarantees that could be enforced by law.

Roger Cardenas supports affiliation if not other proposal is offered.

Sarosh Kumana feels the closure of St. Luke's would be a loss; preserve it through Sutter Health.

Eduardo Palomo, S.F. Day Labor Program, wanted to know whether or not Latinos in the community would be served.

John Linden, St. Luke's employee, expressed the urgency for change; personnel are paying with their own credit cards.

Richard Marquez opposes takeover; founder of Mission Antidisplacement Coalition; implores this corporate crime; call on the State Attorney General.

Nora Roman, ECSPH, is a Mission resident; opposes affiliation without written legal requirement to ensure quality care; meet with Attorney General and do an impact study; health for one is health for all.

Mark Lopez, President of S.F. Hispanic Chamber of Commerce, supports affiliation; Board is in full support; save St. Luke's.

Zoe Robinett stated St. Luke's cannot operate with a deficit; can't continue to provide charity care without funds; supports affiliation.

Tony Sacco referred to resolution on historical level of charity care; should use legal language; go back to City Attorney.

Rene Saucedo opposes corporate takeover of St. Luke's; described day laborers' needs who need culturally sensitive and linguistically competent services; impose community accountability through the State Attorney General.

Don Bechler doesn't want Sutter Health in the neighborhood; don't turn St. Luke's over to a bad corporation.

Andre Weston, Tabernacle of Faith, said the main issue is love; make right decision based on your heart.

Eulalio Frausto, attorney, concerned about his workers comp clients; described his clients; St. Luke's is needed.

Daniella Garcia, youth in Mission District, wants St. Luke's to be kept open by community intervention.

Cheryl Perez, CHALK, says St. Luke's is a safe place to go for health care.

Douglas Lam thanked St. Luke's staff; described merger between UCSF and Stanford; pay attention to universal health care; look for guarantee.

Pedro Rios said this is a corporate agenda and greed; Sutter Health is representative of corporate mentality and would be detrimental; have State Attorney General come up with a legal document.

Barbara Blong called for an enforceable guarantee by Sutter Health.

Aroza Simpson said time and money are needed; City must have monies to give to St. Luke's; look at an antitrust suit.

Johnson Hor, Asian Pacific Justice Institute, says to negotiate terms; community needs St. Luke's.

Mauricio Vela, Bernal Heights Neighborhood Center, said if the affiliation goes forward, need a guarantee, local control, and charity care.

Catherine Cusick, St. Luke's, gave example of patient care at St. Luke's; wants hospital to remain as an acute care hospital; have not heard proposals from the City; going with the County is impossible.

Pam Dannenberg, St. Luke's, wants St. Luke's in the neighborhood; supports affiliation to keep St. Luke's open.

Commissioners' Comments:

- Concerned about what will happen after affiliation; affiliation is detrimental
- Inquired about the impact on St. Luke's if the State Attorney General does not allow affiliation to go forward
- Thanked all participants in Prop Q hearing
- Noted that no application process to Attorney General has started
- Information in the application would assist in the determination
- Need for more guarantees on charity care; why can't an amount be specified? Need for specific percentages or numbers
- Public needs to be given assurance on the level of charity care
- Need to see settlement documents and the application to the State Attorney General; need to see the Sutter Health commitment
- Need to see in a letter the specific commitment to charity care

Dr. Katz expressed his disappointment that Sutter Health and St. Luke's would not disclose to the Commission the settlement agreement as a result of the lawsuit.

Commissioner Chow made a motion, seconded by Commissioner Umekubo, to continue this item to sometime in March. The motion failed, with Commissioners Chow and Umekubo voting in the affirmative; Commissioners Guy, Parker, Sanchez and Jackson voting no.

Action Taken: The Commission (Guy, Chow, Jackson, Parker, Sanchez) adopted Resolution # 6-01, "“Determining the Affiliation Between Sutter Health and St. Luke" Hospital will have a Detrimental Impact on the Health Care Service of the Community," (Attachment D). Commissioner Umekubo voted no.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

Note: This item was considered prior to item #8.

10) PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

None.

A. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

Action Taken: The Commission voted to hold a closed session.

The Commission went into closed session at 4:18 p.m.

B. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

PERLITA SORIANO VS CCSF, (SAN FRANCISCO GENERAL HOSPITAL) –SAN FRANCISCO SUPERIOR COURT #313-573, AND ERD GRIEVANCE #86-99-0381

The Commission came out of closed session at 4:29 p.m.

C. RECONVENE IN OPEN SESSION:

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTIONS 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

Action Taken: The Commission approved the settlement of $22,500.

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).**

Action Taken: The Commission voted not to disclose any discussions held in closed session.

The meeting was adjourned at 7:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

Projected FY 2000-01 Year-End Surplus/Deficit

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Community Health Network							
SFGH	$ 450,104,568	$ 452,595,024	$ 2,490,456	$ 450,104,568	$ 453,029,931	$ (2,925,363)	$ (434,907)
Laguna Honda	128,583,757	130,109,402	$ 1,525,645	128,583,757	130,555,071	(1,971,314)	(445,669)
Primary Care	42,723,011	43,203,689	480,678	42,723,011	42,949,603	(226,592)	254,086
Health at Home	4,632,724	4,629,724	(3,000)	4,632,724	4,291,016	341,708	338,708
Forensics	22,254,854	22,255,459	605	22,254,854	24,192,076	(1,937,222)	(1,936,617)
Subtotal	**648,298,914**	**652,793,298**	**4,494,384**	**648,298,914**	**655,017,697**	**(6,718,783)**	**(2,224,399)**
Population Health & Prevention							
Central Admin	18,311,642	19,706,172	1,394,530	18,311,642	17,938,994	372,648	1,767,178
Community Health	59,293,913	60,341,454	1,047,541	59,293,913	58,879,067	414,846	1,462,387
Mental Health	154,516,381	153,426,381	(1,090,000)	154,516,381	152,709,997	1,806,384	716,384
Substance Abuse	54,235,427	54,366,039	130,612	54,235,427	53,877,504	357,923	488,535
Subtotal	**286,357,363**	**287,840,046**	**1,482,683**	**286,357,363**	**283,405,562**	**2,951,801**	**4,434,484**
Subtotal DPH	**934,656,277**	**940,633,344**	**5,977,067**	**934,656,277**	**938,423,259**	**(3,766,982)**	**2,210,085**
Increased Energy Cost					2,200,000	(2,200,000)	(2,200,000)
TOTAL DPH	**934,656,277**	**940,633,344**	**5,977,067**	**934,656,277**	**940,623,259**	**(5,966,982)**	**10,085**

Attachment A
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 5-01

ENDORSING THE PRINCIPLES OF THE FISCAL YEAR 2001-02 BUDGET, AND APPROVING THE PROPOSED BUDGET FOR FISCAL YEAR 2001-02

WHEREAS, the Health Commission has accepted and approved a Strategic Plan for the Department of Health to be implemented over a period of three years; and,

WHEREAS, the goals of the Strategic Plan are to improve access to health services, prevent disease and injury, assure that services are cost-effective and resources are maximized, and create and sustain community partnerships to assess, develop and advocate for health care funding, policies and services; and,

WHEREAS, the FY 2001-02 budget contains program initiatives and policies to further the strategic goals, including expansion of programs to improve socio-economic determinants of health status, improvement of infrastructure (both physical structures and human resources) to support health services, increase prevention programs, and increase to health coverage of uninsured residents of San Francisco; and,

WHEREAS, given limitation of financial resources, the proposed FY 2001-02 budget prioritizes its resources to target populations in greatest need and to those with no other choice; and,

WHEREAS, the proposed budget strengthens the safety net system by enhancing trauma services, increasing the integration of physical health, prevention, behavioral health, housing and social services; and,

WHEREAS, the proposed budget enhances cultural competence by providing increased access to bilingual and bicultural services; and,

WHEREAS, the budget instructions of the Mayor's Office requests the Health Department to absorb a 2% cost of living increase to County employees, to live within the existing funding appropriations, and to seek other sources than General Funds to meet the health needs of San Francisco; and,

WHEREAS, in order to prevent reductions to vital health programs, the Health Department is requesting a General Fund increase of $22 million to its base budget in order to fund unavoidable cost increases; and,

WHEREAS, the Department proposes to reallocate existing funds in order to create vital new services to meet the goals of the Strategic Plan; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 5-01 (Cont'd.)

WHEREAS, the Department has attempted to maximize State and Federal revenues and grants, and proposes to increase services by $11 million through third party revenues; and,

WHEREAS, the Department recognizes that its health care contractors require additional funds to pay for a cost of living adjustment (COLA) for salary and operating cost increases; and,

WHEREAS, the granting of COLAs to contractors is a citywide issue, which involves multiple departments; and, therefore, is not included in the budget request at this time; and,

WHEREAS, if the City's final budget does not fund an adequate COLA for health care providers, the Department will bring to the Health Commission recommendations on how to provide an adequate contractor COLA; now, therefore, be it

RESOLVED, that the Health Commission approves the Department's budget for FY 2001-02 that includes an increase of $22 million of General Funds to fund the baseline of current services, reallocates funds to create expansion of high priority programs, and adds $11.5 million in revenues to pay for new program initiatives that will be supported through third party sources; and, be it

FURTHER RESOLVED, that if additional General Funds are not allocated to the Department of Health to fund the baseline budget, the Commission directs the Director of Health to propose expenditure reductions to balance the budget.

I hereby certify that the Health Commission at its meeting of February 6, 2001 adopted the foregoing resolution.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 2 of 2

Sutter Health

One California Street
Suite 1550
San Francisco, CA 94111-5401
(415) 296-1827
(415) 296-1849 (Fax)

February 5, 2001

Mitchell H. Katz, M.D.
Director, Department of Public Health
Roma P. Guy, MSW
President, San Francisco Health Commission
San Francisco Health Commission
101 Grove Street, Room 308
San Francisco, California 94102

RE: Affiliation of St. Luke's Hospital with Sutter Health

Dear Dr. Katz and Ms. Guy:

This letter is to respond to two questions that have been raised regarding the proposed affiliation of St. Luke's Hospital with Sutter Health: the first regarding Sutter Health's role as a support organization, and the second regarding the affiliation's affect on competition.

Support Organization

Sutter Health is a California nonprofit, public benefit, tax-exempt corporation. Sutter Health is a support organization and not an operating company. Sutter provides affiliates with a variety of administrative support services, including: biomedical engineering, clinical effectiveness, corporate compliance, financial reporting, group purchasing, information systems, insurance services, internal audit, legal services, managed care contracting, real estate, records management, reimbursement/cost reporting, risk management, strategic planning and workers' compensation. Sutter Health generally does not, however, engage in the direct delivery of health care services. Consequently, Sutter Health's tax-exempt status is based on its support of its affiliated hospitals, which are the direct providers of charitable activities.[1]

Each of the 29 acute care hospitals in the Sutter Health network is governed by a local community board. Although Sutter Health has the ability to elect and to remove local trustees consistent with the California Nonprofit Corporations Code provisions regarding membership, Sutter Health has never rejected a nominee presented by a local board, nor has Sutter Health ever exercised its power to remove a local trustee. In addition, Sutter Health itself is governed by a fourteen-member Board of Directors, at least eight of whom also must be on the boards of local affiliates. Thus, Sutter Health and its affiliates truly are community based.

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[1] Sutter Health and its affiliated hospitals are 501(c)(3) organizations. The hospitals' public charity status is based on 509(a)(1) of the Internal Revenue Code since they are direct providers of charitable services, and Sutter Health's charity status is based on 509(a)(3) of the Code since it is a support organization to charitable providers.

Affect on Competition

St. Luke's Hospital and Sutter Health believe that the proposed affiliation will not have a negative impact on competition for hospital services. In fact, the parties believe that the affiliation will preserve St. Luke's Hospital as a vital provider of health care services.

The lawsuit brought by St. Luke's against CPMC and Sutter Health challenged a contract between CPMC and Brown & Toland Medical Group, the largest physician group in San Francisco. The allegations of that lawsuit were based on the size and market power of *Brown & Toland*, not of CPMC or Sutter Health. The outcome of the case would have depended on the definition of the relevant market for *physician* services and the physician group's market share in that market.

The antitrust question for the St. Luke's/Sutter Health affiliation is quite different—whether competition will be lessened in the *hospital* market, not in the physician services market. The hospital market in the San Francisco area is very competitive, and the affiliation of St. Luke's with Sutter Health will not lessen that competition. To the contrary, it will preserve St. Luke's and keep it as a competitive force in the marketplace.

Several factors provide a sound basis for concluding there are no competitive risks from the proposed affiliation: (1) numerous competing hospitals serve the areas in which St. Luke's and the Sutter Health hospitals operate; (2) St. Luke's has a small share of the market, so that the affiliation will not significantly increase Sutter Health's market share; and (3) substantial constraints on price increases will continue to exist after the affiliation, due to competitive forces.

St. Luke's is one of many hospitals serving residents of the San Francisco Bay Area and is effectively surrounded by a number of hospital competitors. Nearly 70% of the hospital beds in San Francisco and northern San Mateo counties are controlled by hospitals other than St. Luke's and the current Sutter affiliates, and about 65% of the patients in this geographic area use hospitals other than St. Luke's or Sutter affiliates. The alternative hospitals have the ability to prevent anti-competitive price increases by St. Luke's and Sutter Health. In the midst of an intensely competitive healthcare marketplace in the Bay Area, St. Luke's affiliation with Sutter Health provides an opportunity for one of the smaller and potentially more vulnerable competitors to continue its mission and services with renewed vigor.

By all measures, St. Luke's has only a modest share of the marketplace. St. Luke's share ranges from under 3% to 6%, depending on the particular geographic area and the measure of market share chosen. Even in the smallest possible geographic area in which to analyze the affiliation, St. Luke's market share is only 6%. It faces competition from many hospitals, several of which, by their location, competitive focus or mission, have had and will continue to have very substantial impact on St. Luke's pricing and services. The affiliation with Sutter Health will not alter that reality.

The affiliation of St. Luke's with Sutter Health will allow St. Luke's to address many of the issues confronting the hospital. Over the years, St. Luke's has struggled to distinguish itself from its competitors in terms of marketing or market niche and has been unable to do so. The marketplace in San Francisco includes a large number of hospitals that are serving fundamentally the same communities and "niches" as St. Luke's. For example, while St. Luke's serves many Medi-Cal patients, San Francisco General is a much larger provider of services to Medi-Cal patients. Similarly, St. Luke's is one of several hospitals in San Francisco that focuses largely on providing primary/secondary services, many of which draw patients from the community in which St. Luke's is located. Indeed, in the area immediately surrounding St. Luke's, other hospitals such as the CHW hospitals, San Francisco General and Kaiser, draw more patients than does St. Luke's. The affiliation with Sutter Health will make St. Luke's better able to respond to these competitive challenges.

Conclusion

Sutter Health has a long and proven track record of providing financial support and stability to its affiliated hospitals. This support enables community hospitals such as St. Luke's to continue to survive in competitive marketplaces and serve their local communities. In many instances, Sutter Health has been able to ensure the continued provision of needed health care services at the local level, while investing in needed improvements and enhancements in services. Inclusion in the network of affiliated hospitals provides the opportunity for access to capital and support services that are important to the success of hospitals.

An affiliation of St. Luke's with Sutter Health will preserve St. Luke's and enable it to continue to offer its services to the community. Not only will the affiliation not cause any competitive harm, but San Francisco stands to benefit in a time of uncertainty over the future of the City's hospitals.

We believe that the affiliation is critically important for San Francisco, and we appreciate the efforts of the Health Commission and the Department of Public Health to review this matter in detail to evaluate its impact on the community. We would welcome the opportunity to address any additional questions that you or any of the other Commissioners may have regarding this matter.

Very truly yours,

Patrick E. Fry
Chief Operating Officer &
Executive Vice President

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 6-01

DETERMINING THAT THE AFFILIATION BETWEEN SUTTER HEALTH AND ST. LUKE'S HOSPITAL WILL HAVE A DETRIMENTAL IMPACT ON THE HEALTH CARE SERVICE OF THE COMMUNITY

WHEREAS, St. Luke's Hospital and Sutter Health will have an affiliation that would further the charitable missions of each of the organizations, where St. Luke's future as a full-service acute care hospital is maintained, and the South of Market community retains a valuable health care asset; and,

WHEREAS, St. Luke's Hospital in San Francisco, California Pacific Medical Center (CPMC) in San Francisco, and the non-profit Sutter Health network of hospitals and physicians have reached an out-of-court agreement stemming from a legal complaint filed by St. Luke's in January 1999; and,

WHEREAS, as a Sutter Health affiliate, St. Luke's, as indicated in an affiliation agreement, will remain non-profit, will retain its separate license, and will maintain its local Board of Directors with local governance authority but not independent of the Sutter Health Corporation but including responsibility for decisions regarding clinical services, charity care and mission, as well as relationships with organized labor; and,

WHEREAS, Sutter Health potentially will have a large market share of acute care beds in the City and County of San Francisco; and,

WHEREAS, Sutter Health and the St. Luke's Board of Directors have committed to the historic mission of St. Luke's to the South of Market and Mission neighborhoods; and,

WHEREAS, the St. Luke's Board of Directors has informed the Health Commission that without this affiliation with Sutter Health, St. Luke's could not continue to operate; and,

WHEREAS, Sutter Health is willing to support St. Luke's provision of charity care at historical levels; and,

WHEREAS, the Health Commission held a public hearing on December 12, 2000; and, in accordance with the Health Care Planning Ordinance (Proposition Q), held Prop Q hearings on January 16, 2001 and February 6, 2001; now, therefore, be it

RESOLVED, that the Health Commission determines the affiliation will have a detrimental impact on the health service of the community; and, be it.

FURTHER RESOLVED, that the Health Commission urges that the affiliation continue to maintain at least its historical level of charity care.

I hereby certify that the Health Commission at its meeting of February 6, 2001 adopted the foregoing resolution.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment D
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS MAIL

Government Inf. Center
S.F. PUBLIC LIBRARY, CIVIC CENTER
100 Larkin Street, 5th Floor
San Francisco, CA 94102

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/20/01

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. **(415) 554-2666**
FAX **(415) 554-2665**

Web Site: ***http//www.dph.sf.ca.us***

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

FEB 16 2001

SAN FRANCISCO
PUBLIC LIBRARY
Rec'd 3 17 pm

February 20, 2001
3:00 P.M.
at
Milton Meyer Auditorium
195 Kiska Road (at Ingalls)
San Francisco, CA 94124

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF THE REGULAR MEETINGS OF JANUARY 30, 2001, AND FEBRUARY 6, 2001**

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **DPH-Central Administration –** Request for approval to accept and expend a gift bequeathed to San Francisco General Hospital from the estate of LeMar Hoaglin.
** Calendaring request memo, Resolution form, Letter to the Clerk of the Board of Supervisors*

(3.2) **CHSS-STD Prevention** – Request for approval to accept and expend retroactively a new four-year sub-contract from the Regents of the University of California at San Francisco, in the amount of $387, 775, to perform "Behavioral, Basic and Clinical Studies of Post-Exposure Prophylaxis", for the period of September 30, 2000 through August 31, 2004.
** Calendaring request memo, Grant application information form, Budget page*

(3.3) **AIDS Office -** Request for approval of a contract modification with California AIDS Intervention Training Center (CAITC), in the amount of $70,000, to increase the contract from $178,779 to $248,779, for the provision of early intervention HIV services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with CAITC for services totaling $269,692.
*Calendaring request memo, Client demographic information form

(3.4) **AIDS Office** - Request for approval of contract renewal with the Regents of the University of California, through UCSF/AIDS Health Project, in the amount of $98,089, to provide prevention provider training services targeting providers of HIV prevention services in San Francisco, for the period of January 1, 2001 through December 31, 2001. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-2000).
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.5) **AIDS Office -** Request for approval of a new contract with the Regents of the University of California (UCSF), on behalf of the Stonewall Project of UCSF's Division of Substance Abuse and Addiction Medicine, in the amount of $100,000, to provide outreach services targeting methamphetamine users, for the period of March 1, 2001 through December 31, 2001. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-2000).
** Calendaring request memo, Client demographic information form*

(3.6) **AIDS Office** - Request for approval of contract renewal with Stop AIDS Project (SAP) in the amount of $231,754, to provide Community Level Intervention services targeting self-identified gay and bisexual seropositive men, for the period of January 1, 2001 through December 31, 2001 (DPH contracted with SAP for services totaling $851,627 during FY 1999-2000).
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.7) **CHN-Laguna Honda Hospital –** Request for approval of a retroactive contract renewal with the Regents of the University of California (UCSF), on behalf of the UCSF Department of Physiological Nursing, in the amount of $141,725, to provide specialized gerontological care services and student supervision, for the period of October 1, 2000 through September 30, 2001. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-2000).
**Calendar request memo, Monitoring report summary*

(3.8) **CHN-Medical Records/Radiology –** Request for approval of a contract modification with Mediscript in the amount of $125,000, increasing the contract from $225,000 to $350,000, to provide as-needed medical transcription services, for the period of December 1, 1999 through June 30, 2001. (DPH contracted with Mediscript for services totaling $199,291 during FY 1999-2000).
** Calendaring request memo, Monitoring report summaries*

(3.9) **PHP-CSAS –** Request for approval of retroactive sole source contract renewal with San Francisco State University (SFSU), in the amount of $70,000 per year, for a four-year contract of $280,000, to provide professional substance abuse training and certification services targeting substance abuse counselors under contract with the Health Department, for the period of July 1, 2000 through June 30, 2004. (DPH contracted with SFSU for services totaling $150,703 during FY 1999-2000).
* *Calendaring request memo, Monitoring report summary, Response letter from Community Health Works, Letter from CSAS*

(3.10) **PHP-CMHS –** Request for approval of retroactive contract modification with San Francisco Study Center (SFSC), in the amount of $169,567 per year, for a total of $339,134 for the remaining two years of this contract, to provide outreach and client advocacy services for adults needing mental health services and their families, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with SFSC for services totaling $1,790,069 during FY 1999-2000).
* *Calendaring request memo, Monitoring report summary, Client demographic information forms*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **FOR DISCUSSION AND PROPOSED ACTION:** **CONSIDERATION OF APPROVAL OF THE REVISED LAGUNA HONDA HOSPITAL MEDICAL STAFF BYLAWS**
**Revised Bylaws*

6) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE AWARDS FOR FEBRUARY 2001**
**List of awardees*

7) **PUBLIC TESTIMONY ON THE HEALTH NEEDS IN THE BAYVIEW HUNTERS POINT COMMUNITY**

TIME SPECIFIC: **AT 3:30 P.M.**

8) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

The Milton Meyer Auditorium, 195 Kiska Road at Ingalls in San Francisco, is wheelchair accessible.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

The Milton Meyer Auditorium can be reached by Muni line #54 – Felton. If by car, from the south on Third Street, turn left on Palou, head East to Ingalls, turn left on Ingalls and right on Kiska, the Auditorium is two and half blocks away. There is parking on the street. For information about MUNI services, call 673-6864.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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/20/01

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

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Web Site: *http//www.dph.sf.ca.us*

MINUTES
OF THE
HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
MAR - 2 2001
SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, February 20, 2001
3:00 p.m.
at
Milton Meyer Gymnasium
195 Kiska Road (at Ingalls)
San Francisco, CA 94124

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 3:10 p.m.

Present:	Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D. Commissioner John I. Umekubo, M.D.
Absent:	Commissioner Lee Ann Monfredini

President Guy made special presentations to Michael Hart (20 years) and Jan Murphy (19 years) for their dedicated and professional services in the Department. Tony Wagner, CHN Executive Administrator, and Dr. Melissa Welch, Chief Medical Officer, expressed their appreciation to Ms. Murphy for her leadership as the Primary Care Administrator in the Community Health Network.

2) APPROVAL OF MINUTES OF THE REGULAR MEETINGS OF JANUARY 30, 2001 AND FEBRUARY 6, 2001

Action Taken: The Commission adopted the minutes of January 30 and February 6, 2001, with the correction for the January 30 minutes on page 8 to read: "The Commission unanimously elected Commissioner Chow as Vice President."

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **DPH-Central Administration** – Request for approval to accept and expend a gift bequeathed to San Francisco General Hospital from the estate of LeMar Hoaglin.

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Commissioner Sanchez abstained on this item.

(3.3) **AIDS Office** - Request for approval of a contract modification with California AIDS Intervention Training Center (CAITC), in the amount of $70,000, to increase the contract from $178,779 to $248,779, for the provision of early intervention HIV services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with CAITC for services totaling $269,692.

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Commissioner Sanchez abstained on this issue.

(3.5) **AIDS Office** - Request for approval of a new contract with the Regents of the University of California (UCSF), on behalf of the Stonewall Project of UCSF's Division of Substance Abuse and Addiction Medicine, in the amount of $100,000, to provide outreach services targeting methamphetamine users, for the period of March 1, 2001 through December 31, 2001. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-2000).

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Commissioner Sanchez abstained on this item.

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Public Speakers:

David Pasquarelli, Act-Up S.F., opposes giving funding to contractors in #3.2, 3.3, 3.4, 3.5. and 3.6.

Ronnie Burk, Act-Up S.F., opposes funding for #3.2, 3.4 and 3.6; thinks money has been wasted on AIDS research.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with President Guy abstaining on #3.9, and Commissioner Sanchez abstaining on #3.2, 3.4, 3.5, and 3.7

4) DIRECTOR'S REPORT

(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

African American Health Initiative

The African American Health Initiative of the Department of Public Health is hosting an Educational and Cultural Program to celebrate Black History Month. The event scheduled this Thursday from 4:00 to 6:00 p.m. at the CHN headquarters will welcome incoming leaders, Supervisor Sophie Maxwell, Sandra Nathan, Director of the Department of Aging and Adult Services and Arlene Ackerman, Superintendent of Schools. The Commission is cordially invited to attend.

Open House

DPH has contracted with the Ark of Refuge to develop and operate a Transitional Housing Program for Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQQ) young adults at 2500 Market Street, recently named the Ark House. The program will serve LGBTQQ young adults, ages 18 to 23, who are residents of the City and County of San Francisco and who are either currently homeless or at risk of becoming homeless. The program will provide housing and services for up to 15 clients at any given time; the stay is 3 to 6 months. Some services will be provided on-site while others will be delivered off-site through formal collaborating agencies and existing programs to which clients will be referred. Examples of services include, but are not limited to:

- Case Management
- Counseling & Mental Health Support
- Money Management
- Vocational And Employment
- Medical / Primary Care
- Substance Abuse Services And Prevention

DPH is holding an open house to celebrate the opening of this unique program. It has been a two-year collaboration with Supervisor Leno's Office, community members, the Health Department, and the Ark of Refuge. Margot Antonetty and Marc Trotz have done outstanding work on this project. The opening program is on Wednesday, February 28, 2001 from 6:00 p.m.– 8:00 p.m.

COMMUNITY HEALTH NETWORK

SFGH Rebuild

The SFGH Rebuild Planning Committee has made preliminary programmatic recommendations for services moving to a new building and services that will remain in the existing structure. Three potential sites on the SFGH Campus for a new building have been considered. Various technical issues are still being explored and financing options proposed. Information can also be accessed through the DPH website or through the CHN Planning Office.

Senate Insurance Committee Hearing

On February 7, 2001, Anthony Wagner gave testimony to the Senate Insurance Committee in Sacramento, on behalf of the California Healthcare Association (CHA). This hearing was held for Healthcare officials to share their thoughts and give their perspective on the current State and future needs of healthcare and health insurance in California. Those issues were articulated from one panel by health plan executives; by a panel of representatives from the California Medical Association and the CHA panel. Tony specifically addressed the issues effecting safety net providers and the uninsured. The CHA panel also discussed workforce and seismic issues as well as the Emergency Medical System and Trauma.

Integration of Behavioral – Physical Health Grant Funded by Cal-Endowment

The San Francisco Department of Public Health (SFDPH) Community Mental Health Services (CMHS) and Primary Care Divisions proposed a project to expand and replicate a successfully piloted, integrated community-based treatment approach for primary care patients who suffer from mental, physical and substance abuse disorders. By integrating physical health, mental and substance abuse (behavioral) health services and providers within community-based public health clinics, we proposed to: increase access to behavioral health care and optimize patient wellbeing; achieve overall cost savings for our health care system; establish an ongoing collaborative integration group to sustain and expand an integrated behavioral and physical health care management model across our continuum of care.

Dr. Katz announced that the California Endowment, through its Special Opportunity in Mental Health Funding RFP Program, has awarded DPH a grant in the amount of $399,386 to complete this proposed project over a 3-year funding period.

Black History Month Activities

The Activity Therapy Department of Laguna Honda Hospital will hold their Annual Black History Celebration in the Gerald Simon Theatre on Thursday, February 22, 2001 at 2:00 p.m. This large hospital wide production will be repeated again in Clarendon Hall at 3:00 p.m. The presentation will include musical performances, skits, and exhibits to celebrate African-American culture.

Chinatown Public Health Center Now a Member of "Chinatown's Community Emergency Action Team

The Chinatown Public Health Center is a collaborating member of a community effort called "Chinatown Community Emergency Action Team" (CCEAT).

The goal of the program is to train persons to become American Red Cross workers at the time of a community disaster, and also to train bilingual individuals to educate and prepare the community for disasters. After initial training, CCEAT members will also be able to educate community organizations. The training will be conducted in March/April on Saturdays at the Health Center. Special thanks to staff pediatrician, Dr. Peter Ng; who has provided leadership to this important program.

Chief Financial Officer

Ken Jensen, CHN Chief Financial Officer, has accepted the Chief Financial Officer position for ValleyCare Health System, a not-for-profit health care system that operates ValleyCare Medical Center in Pleasanton and Valley Memorial in Livermore. Ken's last day with the Community Health Network is also March 2, 2001.

Director of Planning and Marketing

Diane Miller will be retiring after more than 25 years in areas of community and public health. Diane assembled a collection of artifacts, photographs, logbooks and oral histories of San Francisco General Hospital. This project will be catalogued before she leaves. This spring Diane will leave the Department to pursue other lifelong interests in spiritual practice and the study of comparative religions.

Primary Care Administrator

Jan Murphy has accepted a position as Chief Executive Officer for the Primary Care Service Line for the VA Upper Midwest Health Care network based in Minneapolis, MN. There will be a farewell reception for Ken Jensen and Jan Murphy scheduled for February 23, 2001 at the CHN Headquarters in Conference Room 2001, from 12:00 noon – 2:00 p.m.

POPULATION HEALTH AND PREVENTION

Dr. Katz convened the Mental Health Forum, a planning group to make model recommendations on Mental Health service needs. It is co-chaired by Jo Ruffin and Steve Fields, and includes representatives from CMHS, Department of Psychiatry, SFGH and Community Mental Health Services contractors. The group is recommending that in the rebuild plans for SFGH that the numbers of acute psychiatric inpatient beds remains flat. The community-based model of care is expected to result in reduction of reliance on private psychiatric hospital beds and allow us to consolidate acute inpatient services for adults at SFGH.

SFGH Medical Staff Credentials Report

	Feb./01	2001 YTD
New Appointments	5	6
Reinstatements	0	0
Reappointments	44	82
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	12	22
Disciplinary Actions	0	0

Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	3	5
Voluntary Relinquishments	1	1

5) CONSIDERATION OF APPROVAL OF THE REVISED LAGUNA HONDA HOSPITAL MEDICAL STAFF BYLAWS

Dr. Paul Isakson, Laguna Honda Hospital Chief of Staff, presented the Commission with the revised LHH Medical Staff Bylaws. A four-person sub-committee of the Medical Staff, together with an attorney from the City Attorney's Office, developed a process to revise these bylaws, (Attachment A).

These bylaws were also reviewed, recommended and approved by the Joint Conference Committee of Laguna Honda Hospital on January 12, 2001.

Commissioner Chow requested clarification of the credentialing process, with the credentials being reported to the full Commission. He also had clarification on the categories of night, weekend and temporary medical staff.

Commissioner Umekubo stated that the JCC-LHH recommended to the Commission approval of these bylaws. He also commended Dr. Isakson and his committee for their hard work on the bylaws.

Action Taken: The Commission adopted the Laguna Honda Hospital Revised Bylaws.

6) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE AWARDS FOR FEBRUARY 2001

On behalf of the Commission, Commissioner Chow presented awards to the following:

Individual Nominees	**Division**	**Nominated by**
Joe Walseth, Health Program Coordinator	PH&P – Children's Environmental Health Promotion	Karen Cohn, Program Manager, CEHP

Team Nominees	**Division**	**Nominated by**
Dr. Doug Price Hansen Jay Sheffield, MSW Chad Coolidge, EW Sierra Anderson, HW III Dr. Donna Douglas Griffith Dr. Rod Weaver Adam Luna, HW III Patricia Birmingham, RN, MS	CHN – Tom Wadell Clinic HC/DEAP	Patricia Birmingham, RN, MS

7) PUBLIC TESTIMONY ON THE HEALTH NEEDS IN THE BAYVIEW HUNTERS POINT COMMUNITY

President Guy welcomed members of the Bayview Hunters Point neighborhood. She acknowledged the following individuals for their assistance in organizing this hearing:

James Threat, Recreation and Park Department Supervisor
Cynthia Selmar, Director of the African American Health Initiative, and Francine Carter
Willie Crawford, Facilities Manager, and his staff

President Guy recognized District 10 Supervisor Sophie Maxwell, BART Director and former Supervisor Willie B. Kennedy, and Catherine Dodd representing Congresswoman Nancy Pelosi.

Dr. Katz acknowledged the following DPH staff for their work with the Bayview Hunters Point community:

Cynthia Selmar, Director African American Health Initiative (AAHI)
Karen Pierce, Coordinator BVHP-HEAP (Health and Environmental Assessment Project)
Betty McGee, Director, HERC (Health and Environmental Resource Center)
(a 501(c)(3) nonprofit organization
Francine Carter, Program Coordinator AACHIE (African American Coalition for Health Improvement and Empowerment)
Beverly Rashid, Chair, AACHIE

Public Speakers:

Cynthia Selmar, Director of the African American Initiative, described the work of the Initiative and the community.

Freddie Smith, Southeast Health Center Director, presented the Center's brochure and information on the characteristics of people served by his Center in the year 2000, (Attachment B).

Ollie Burgess, SEHC/PAC Chairperson, listed the health problems in the neighborhood and the staffing needs of the Southeast Health Center.

Ena Aguirre, community activist, described the unmet needs in the community, especially health problems related to air quality.

Juanita Casey, Network for Elders, indicated the seniors' need for transportation.

Betty McGee, HERC, advocated for funding for the Health and Environment Resource Center.

Barbara McLemore, Chairperson of the Tenants Association of Apartment Complexes, discussed needs of residents of four apartment sites and described mold and air quality problems.

Marie Harrison, Bayview resident, criticized the Commission for coming here so late and allowing too many illnesses to accumulate in the Bayview; tired of being ill; poor and people of color live in this area; past time for the Commission to step up to the plate.

Michael Green, Housing Rights Committee, discussed tenants' health issues and submitted a document on a review of four AIMCO developments in BVHP; requested assistance for tenants.

Kamilah Watson, Infusion-One, encouraged people to come together as a community; youth development is important for future leadership.

Wanda Elston, resident, feels that AIMCO and HUD are to be blamed and called for an investigation on them; described problems with raw sewage and mold.

Willie Ratcliff, S.F. Bayview Newspaper, described the community systematically getting ill and feels every agency operates at a conspiracy to drive out the residents; encouraged to declare an emergency on health issues; there's neglect by the City Departments.

Leona Goodson, asthma patient, advocated for continuance of acupuncture and keeping the clinic open.

Robert Jones, prostate men's group, advocated for prostate testing in budget; prostate cancer is #1 killer of Black men.

Toye Moses, welcomed the Commission and Dr. Katz back again to the community; SEHC is inadequately funded; needs a Medical Director; the community wants action here in Bayview.

Dr. George Davis, Executive Director of BVHP Multipurpose Senior Center, advocated for the health needs of seniors; need for outreach workers; expansion of SEHC, investment in Hunters Point, and compassion for the people.

Karen Patterson-Matthew, Executive Director of BVHP Foundation, described services of her agency; expressed concern and priority for health issues, additional resources, and advocacy for this neighborhood.

Ruben Smith, Hunters Point Boys and Girls Club, advocated for children and youth.

Dorothy Peterson, Shoreview Tenant Association, air quality issues related to asbestos, cellulose, fiberglass, and carbon monoxide poisoning; urged AACHI to work with Shoreview residents.

Cathy Summers, City College Nursing, advocated for breast cancer information to the community; encouraged funds in the budget for nursing students to bring information to the community.

Marion Jones has been a resident for 37 years; described her grandson's asthma; advocated for children.

Norma Faris Taylor, Sistah Sistah, talked about violence as a public health issue; supports prevention programs, families and health.

James Evans thanked the Commission for coming to BVHP.

Gloria Jones, HERC, described breast cancer programs, the high rates of breast cancer and asthma; requested that more early detection of breast cancer be made available.

Ahima Sumchai, M.D., described retro chemical toxicity in BVHP; stated other cities with industrial pollutants have received help; no reason for Public Health to ignore this neighborhood, citing examples of responses to the AIDS crises and issues around tobacco, many health and safety issues in BVHP.

Angela Harris, HERC, talked about stress and violence; need more money to help poor families.

Representatives from Young Community Developers talked about toxins being built up in this neighborhood; homeless population; want questions answered.

Mike Thomas, Communities for a Better Environment, talked about the recent shipyard fire and pollution; need staff to meet with the community.

Lynn Westry advocated for cleaning the streets and a safe neighborhood; there's an overwhelming rate of deaths of youth; youth dying getting younger and younger.

Youth representative, Galileo High, advocated teaching young people about the effect of tobacco on their lungs.

Española Jackson, CAHEED, described the history from the 60's; thinks there's a political ploy to get African Americans out of San Francisco; encouraged people to work with the Supervisors; requested a call for a state of emergency to get funds from the State and Feds.

Rev. Victor Medeoris described how asthma from breathing air in BVHP went away when he moved away.

Kathy Williams described asthma and mold; displayed pictures of mildew in housing; developed coughing and heart problems.

Lynn Freall advocated for mental health along with physical health; demanded services for BVHP.

Veronica Lightfoot, SFUSD Dr. George W. Carver School, advocated for more funds in the community.

Ray Tompkins described the toxic fire and the fact that no air samples were taken where residents live; Navy has not done studies in the area; encouraged DPH to do an emergency room study on who went to hospital ER's; all trucks transporting dirt should be covered; Navy came out to the community 27 days after the fire; encouraged preventive medicine.

Louise Vaughn feels racism is behind all of this; described the violence, drugs, police brutality; need to submit lawsuits; encouraged community to work with the new Board of Supervisors.

Kevin Meltone, Westside Mental Health, described youth on youth violence and killings; described Westside programs and the need for strategic planning.

Marjorie Cherry, Faith Community, represents people who could not attend today's hearing but have a desire to be here; appealed for help.

Representative from Housing Authority, domestic violence specialist, encouraged Departments to be accountable, stop being territorial; and stop duplicating services.

Derick Gaskin, Young Community Developers, asked Commission what type of solution does it have.

Lynn Brown, Community for a Better Environment, described 14 chemical fires, shootings, and the need for counseling of children.

Kathy Perry, resident, expressed sadness on the greater health disparities; it's the City's responsibility to find out about pollution; need a plan with adequate funding.

Jesse Mason, BVHP community advocate, described three generations of asthma in his family; houses were built with substandard materials; need jobs; gentrification is happening.

Bruce Campbell advocated that physicians should be trained in environmental illnesses.

Dennis English, AACHI member, stated laws need to be enforced; need special district in Bayview to enforce laws; should review DPH and Environmental Health Division; no access to public information, was being stonewalled at DPH.

Patricia Williams thinks the waste should be removed from the Navy shipyard.

Keith Tisdell, resident, criticized the Commission for allowing only two minutes to speak; slap in the face of the people if nothing is done.

Four youth from Literacy for Environmental Justice expressed need for access to nutritious and natural foods.

Representative from Samoan community who grew up in BVHP talked about air quality issues and need for outreach to community members.

Karen Pierce, BVHP HEAP, gave an update on work of the Task Force; encouraged residents to attend meetings and give input; described pedestrian safety programs.

Dee Epps-Miller described the social medical model; encouraged funding from private foundations; advocated for Prop 10 funds to pediatric asthma.

Andre Robertson, Black Coalition on AIDS, advocated for people with AIDS and an integrative approach with other physical health needs.

Leboriae P. Smoore questioned why people in the community are not able to stay in their homes; government is part of these problems; need for jobs and ways to take care of families.

Richard Thomas wanted to hear from the Commissioners as to what they are going to do.

Willie B. Kennedy, BART Director and former City Supervisor; stated the voice of her people has fallen on deaf ears; hopes to see changes and assurances; there's money for programs; described the CIRT Program.

Vivian Donohue, Committee for a Better Environment, advocated to keep HERC open and funded and expanded to other areas.

Francine Carter, resident, thanked Commissioners for coming out to BVHP; advocated for prevention programs, to clean up the radioactive material in the shipyard, no more band-aid treatment, and the need for long-term solutions; genocide is happening in this neighborhood.

Supervisor Sophie Maxwell, District 10, stated there's a real crisis here; she's standing with the residents for public health; she knows she has eight votes; something different will happen; need to make a change
President Guy expressed her commitment to the Bayview Hunters Point community, indicating the need to act and continue to do more. The data show disproportionate disparities in this neighborhood. Action should be data driven; need to ask science.

Commissioner Parker is here to listen and learn; believes the disparities are rooted in racism; community is saying this is no longer acceptable; community didn't have a plan; have to do something.

Commissioner Jackson, a survivor of a kidney transplant, encouraged the community to take blame off the table and solve the problems; clean it up now; address issues now; collaborate to make the neighborhood a livable home.

Commissioner Chow stated the importance of hearing the people; committed to all San Franciscans; make your health equal to all.

Commissioner Sanchez stated his family was raised in this neighborhood; expressed support for this area as a City and for quality of life.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 6:55 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

CHARACTERISTICS OF PEOPLE SERVED BY SOUTHEAST HEALTH CENTER
CALENDAR YEAR 2000

	Unduplicated Patients	
4,827	Individuals served during CY 2000	
Patients	**Sex**	**Per Cent**
2,566	Female	53.2%
2,261	Male	46.8%
Patients	**Age**	**Per Cent**
366	Infant through 5	7.6%
357	6 through 11	7.4%
310	12 through 17	6.4%
560	18 throu 25	11.6%
1,146	26 through 40	23.7%
1,360	41 through 55	28.2%
728	Over 55	15.1%
Patients	**Race / Ethnicity**	**Per Cent**
3,555	African American/Non Hispanic	73.6%
343	Asian	7.1%
360	European American	7.5%
424	Hispanic/Latino	8.8%
7	Native American	0.1%
112	Other	2.3%
26	Unknown	0.5%
Visits	**Payer for Each Visit**	**Per Cent**
5,071	Medically Indigent	28,0%
3,930	Medi-Cal	21,7%
2,760	Contracted Managed Care	15,3%
2,551	Medicare	14.1%
1,702	Patient Pay	9.4%
744	Medi-Cal Pending	4.1%
497	Other Government Program	2.7%
437	Commercial Coverage	2.4%
318	Other Managed Care	1.8%
78	Other, Infrequent Sources	0.4%
18,088	Total Visits	
Visits	**Type of Provider for Each Visit**	**Per Cent**
Primary Care Medical Services		
869	Nurse Practitioner	4.8%
8,064	Physician	44.6%
1,368	Resident	7.6%
Other Primary Care Services		
364	Clinical Assistant (MEA, Lab, LVN, HW	2.0%
685	Counseling (MH or SA or HIV)	3.8%
2,347	Dentist	13.0%
161	Dietitian	0.9%
2,660	Nurse	14.7%
703	Podiatrist	3.9%
20	Psychiatrist	0.1%
460	Public Health Nurse	2.5%
324	Social Work (LCSW, MSW, or MFT)	1.8%
63	Unspecified	0.3%
18,088	Total Visits	

Attachment B
Page 1 of 2

CHARACTERISTICS OF PEOPLE SERVED BY SOUTHEAST HEALTH CENTER
CALENDAR YEAR 2000

MOST PREVALENT REASONS FOR SEEKING CARE (10/99-9/00)
Please note that each visit to a provider may have multiple reasons.

Visits	Diagnostic Coding Description of Reasons for Visits	Per Cent
1,942	HYPERTENSION NOS	7.1%
1,584	DIABETES MYLETIS II WO CMP NT ST UNCNTR	5.8%
1,243	DENTAL CARIES	4.6%
1,038	DRUG ABUSE NEC-UNSPEC	3.8%
851	DENTAL EXAMINATION	3.1%
669	SCREEN EXAMINATION FOR PULMONARY TB	2.5%
600	JOINT PAIN-UNSPEC	2.2%
573	LUMBAGO	2.1%
517	EXT ASTHMA W/O STAT ASTH	1.9%
501	SURG/PROCEDURE NOT DONE D/T PATIENT'S DECISION	1.8%
473	CELLULITIS NOS	1.7%
454	PREGNANT STATE-INCIDENTAL	1.7%
449	HEPATITIS NOS	1.7%
373	VACCINATION-INOCULATION W UNS COMBINED VACCINE	1.4%
355	CHR AIRWAY OBSTRUCT NEC	1.3%
347	SOFT TISSUE DIS NEC/NOS	1.3%
336	ROUTINE INFANT OR CHILD HEALTH CHECK	1.2%
317	CONGESTIVE HEART FAILURE	1.2%
315	ROUTINE GEN MEDICAL EXAM-HEALTH CARE FACILITY	1.2%
309	DEPRESSIVE DISORDER NEC	1.1%
13,935	OTHER ASSORTED REASONS FOR VISITS	51.3%
27,181	TOTAL REASONS FOR VISITS	
17,849	TOTAL VISITS DURING 10/99-9/00	

Zip Code of Patient's Residence for Each Visit (10/99-9/00)

Visits	Zip Code	Per Cent	Neighborhoods Included
11516	94124	64.5%	Bayview Hunters Point
1904	94134	10.7%	Visitation Valley, Bayview
774	99997	4.3%	Homeless
752	94112	4.2%	Excelsior, Ocean View
513	94110	2.9%	Mission, Bernal Heights
257	94107	1.4%	Potrero Hill
232	94102	1.3%	Civic Center, Tenderloin
213	94117	1.2%	Haight Ashbury, Hayes Valley
209	94115	1.2%	Western Addition
207	94103	1.2%	South of Market
1272	Others	7.1%	Various
17849	TOTAL VISITS		

Attachment B
Page 2 of 2

Community
Health Network
of San Francisco
Department of Public Health

Laguna Honda Hospital and Rehabilitation Center
City and County of San Francisco
Paul J. Isakson, M.D.
Chief of Medical Staff

MEMORANDUM

TO: Members of the Health Commission

FROM: Paul Isakson, M.D.
Chief of Staff

DATE: January 31, 2001

RE: PROPOSED MEDICAL STAFF BYLAWS

Attached for your review and consideration is a new draft of proposed Laguna Honda Hospital (LHH) Medical Staff Bylaws. For the first time, the Medical Executive Committee (MEC) appointed a committee to review the current Bylaws and to develop a new document. The committee consisted of Drs. Monica Banchero-Hasson, Lisa Pascual, and Charles Stinson and I served as the chair. We received legal advice from Deputy City Attorneys Greg Abrams and Kathy Murphy.

This committee met on a weekly basis for almost a year. The committee has recommended these new Bylaws to the MEC and the MEC reviewed them thoroughly and approved them. Subsequently, they were reviewed and approved by the Medical Staff. These Bylaws must now be approved by a majority of the Governing Body as the final step in the approval process.

As you know, the medical Staff Bylaws is the document that governs how we are organized as a medical staff. Keeping this in mind, the Bylaws Committee agreed upon three over-riding principles that are reflected throughout this document. These principles are as follows:

1. **Consistency with Community Standards:** Historically, hospitals had medical directors who were responsible for all medical staff matters and chiefs of staffs were largely figureheads. As the hospital environment became more complex, particularly in terms of legal and regulatory requirements, this paradigm has shifted so that medical directors are generally responsible for administrative matters involving clinicians and chiefs of staff are responsible for medical staff activities, particularly as they relate to peer review matters and quality of care. These proposed Bylaws reflect this new model which is now standard throughout the healthcare industry. Accordingly, this document clarifies that the Chief of Staff is responsible for overseeing the organization and activities of the medical staff, the performance improvement process, and credentialing and peer review activities. The Medical Director is responsible for administrative matters relating to providers, including employment decisions and assignments. The Medical Director will also continue to chair the Hospital-Wide Performance Improvement Committee.

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2. **Creation of Authority and Accountability for the Medical Staff and its Officers, Committees, and Members:** These proposed Bylaws clearly define the role of the Chief of Staff, the Chiefs of the Clinical Services, the medical staff committees, and individual members. Most notable is that this document established a structure in which all committees report to and make recommendations to the Medical Executive Committee ("MEC"). In turn, the MEC makes recommendations directly to the Governing Body (i.e. the Health Commission, or, when appropriate, the Director of Health). This document also sets forth the requirements and rights for individual membership to the medical staff.

3. **Compliance with Legal and Regulatory Requirements:** One of the most important responsibilities of a Medical Staff is the credentialing, appointment and reappointment, and peer review process. Accordingly, one of the most important and complex elements of Medical Staff Bylaws are the sections addressing corrective actions, hearings, and the appellate review process. Our legal counsel has re-drafted these sections (Articles V, VI, and VII) to reflect industry standards and legal requirements. Additionally, adoption of these re-drafted provisions would make our process much more consistent with that of the San Francisco General Hospital Medical Staff.

Below I have listed specific changes proposed in these bylaws to which I would like to call your attention.

- The officers of the Medical Staff will be the Chief of Staff, Vice Chief of Staff, and the Immediate Past Chief of Staff. This new structure eliminates the Secretary position, creates a new position with the Vice Chief of Staff, and formally makes the Immediate Past Chief of Staff an officer.

  The Chief of Staff and Vice Chief of Staff will be elected for two-year terms in alternating years.

- The Medical Staff will be organized into three Clinical Services that are medicine, Rehabilitation, and Psychiatry. Each clinical service will have a chief who is appointed by the Medical Director with the concurrence of the MEC. The clinical service chiefs will be responsible for the overall supervision of the clinical work, teaching and research within that service. Currently, Hosea Thomas is the Chief of Medicine, Lisa Pascual is the Chief of Rehabilitation, and Charles Stinson is the Chief of Psychiatry.

- All Active and Provisional members of the Medical Staff are expected to participate in the governance and quality evaluation process of the Medical Staff. To this end, it is expected that members will attend a minimum of 50 percent of all committee meetings to which they are assigned and a minimum of 50 percent of all Medical Staff meetings. Attendance will be tracked and considered during the reappointment process.

- All committees will submit policy and other recommendations, along with a clear and succinct presentation of the issues and options, to the MEC for approval.

- The membership of the MEC will be the Chief of Staff, the Vice Chief of Staff, the Immediate Past Chief of Staff, the three Chiefs of Clinical Services, two at-large members, the Medical Director, the Assistant Medical Director, the Director of the Department of Health, the Chief Medical Officer, the Executive Administrator, and the Director of Nursing. However, only the LHH Active Medical Staff members will have voting privileges.

- Credentials and peer review activities will be handled through a sub-committee of the MEC. The physician elected to the position of Vice Chief of Staff will chair this sub-committee. The primary purpose of this sub-committee will be to review the credentials of applicants for membership to the Medical Staff and to make recommendations for membership and the delineation of clinical privileges. These recommendations will then be subject to the approval of the MEC and the Governing Body.

- The standing committees of the medical Staff, referred to as "Professional Activities Committees", will be Medical Records, Utilization Management, Pharmacy and Therapeutics, Infection Control, Medical Quality Improvement, Hospital-Wide Performance Improvement, Code Blue, Bioethics, Well-Being, Interdisciplinary Practice and Bylaws.

- Committee chairs and members will be appointed by the Chief of Staff with the approval of the MEC.

- The proposed Bylaws set forth the purpose, composition, functions, and meeting and reporting requirements for each of the Professional Activities Committees. Each committee reviewed and submitted input into its relevant section of the document.

- The composition of the medical Quality Improvement Committee will be reduced from the entire Medical Staff to six members. The members will be four physicians from Medicine, one physician from Rehabilitation, and one physician or psychologist from Psychiatry. Forums with the entire Medical Staff for reviewing cases, including deaths, and conducting quality improvement and educational activities will continue under the oversight of this committee and MEC. One of the goals for this newly structured committee is to create efficiency without reducing appropriate medical staff involvement with issues affecting the quality of patient care.

- There will continue to be monthly Medical Staff meetings. The June meeting will continue to be considered as the Annual Medical Staff Meeting at which time elections of officers and at-large members to the MEC will be conducted and the Bylaws and Rules and Regulations will be reviewed and amended as needed.

- If these Bylaws are adopted, future amendments will require (1) an affirmative vote of two-thirds of a quorum of the MEC, (2) an affirmative vote of two-thirds of the Active Medical Staff that cast a ballot, and (3) an affirmative vote of a majority of the Governing Body.

Conclusion

Again, a great deal of time and effort has gone into drafting these proposed Bylaws. I would like to thank Drs. Monica Banchero-Hasson, Lisa Pascual, and Charles Stinson for their months of effort and deep commitment to developing a document that can truly be used for governing ourselves as an autonomous organization with explicit responsibilities and accountability. I would also like to thank Dr. Maria Rivero for identifying the need for accurately describing the way in which we conduct ourselves and for heightening our awareness regarding the importance of our Bylaws.

I'd like to assure you that this document was not drafted in a vacuum. In addition to having a formal committee with weekly meetings develop these revised bylaws, we also gave regular updates to the MEC and consulted with the current Medical Staff committees. We also had legal counsel attend all of our committee meetings and advise us regarding our legal obligations and the practices set forth in the California Medical Association Model Bylaws and the SFGH Medical Staff Bylaws.

As always, your support and dedication to Laguna Honda Hospital and the activities of the medical Staff is very much appreciated.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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20/01
Special
Public Hearing

NOTICE

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SPECIAL PUBLIC HEARING

HEALTH COMMISSION

Tuesday, February 20, 2001
Time Specific: 3:30 p.m.
Milton Meyer Auditorium
195 Kiska Road
San Francisco, CA 94124

The Health Commission will hear public testimony from the community on the health needs of the Bayview Hunters Point Community.

Persons unable to attend this public hearing may submit written comments to the Health Commission, c/o President Roma P. Guy, MSW, 101 Grove Street, Room #311, San Francisco, CA 94102.

For information, call the Health Commission Office at 554-2666.

(Posted 1/29/01)

101 Grove Street San Francisco, CA 94102-4505

Disability Access

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American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

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The Milton Meyer Auditorium can be reached by Muni line #54 – Felton. If by car, from the south on Third Street, turn left on Palou, head East to Ingalls, turn left on Ingalls and right on Kiska, the Auditorium is two and half blocks away. There is parking on the street. For information about MUNI services, call 673-6864.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

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-Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John L. Umekubo, M.D.
Commissioner

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/
/6/01

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor
Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: *http//www.dph.sf.ca.us*

AGENDA

HEALTH COMMISSION MEETING

March 6, 2001
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 20, 2001**
**Minutes of February 20, 2001*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **BEHM** – Request for approval of an amendment of the San Francisco Municipal Code, Business and Tax Regulations, to increase the fee schedule of the permit fee for businesses that prepare and/ or sell food, effective July 1, 2001.

(3.2) **CHN-Revenue Management** - Request for approval of a new contract with Health Advocates, LLP, to enhance Medi-Cal and other third-party reimbursements through an Uncompensated Care Reimbursement Recovery Program at San Francisco General Hospital, for the period of certification through December 31, 2002.
**Calendaring request memo*

(3.3) **CHN-SFGH** – Request for approval of a new contract with Toyon Associates, Inc. in the amount of $268,270, to provide reimbursement and revenue optimization services at San Francisco General Hospital, for the period of July 1, 2001 through June 30, 2002.
**Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.4) **AIDS Office** - Request for approval of a new sole source contract with Bay Area Young Positives in the amount of $111,334, to provide linkages and outreach services to young San Franciscans, up to age 26, for the period of March 8, 2001 through December 31, 2001.
**Calendaring request memo, Client demographic information form*

(3.5) **PHP-CSAS** – Request for approval to accept and expend a grant from Demand Treatment of the Join Together Organization in the amount of $60,000, for a social marketing campaign for the acceptance of substance abuse treatment, for the period of March 1, 2001 to February 28, 2002.
** Calendaring request memo, Grant application information forms*

(3.6) **PHP-CMHS** – Request for approval of a new contract with Southeast Neighborhood Jobs Initiative Roundtable (SNJIR) in the amount of $44,928 to provide outreach services targeting African-American residents of Bayview Hunter's Point, Potrero Hill and Visitacion Valley, for the period of February 1, 2001 through June 30, 2001.
** Calendaring request memo, Letter from SNJIR*

(3.7) **PHP-CMHS** – Request for approval of a retroactive sole source contract renewal with San Francisco State University (SFSU) in the amount of $87,968 per year, for a four-year total of $351,872 to provide professional training services targeting mental health professionals under contract with the Department to provide mental health services to children and adolescents, for the period of July 1, 2000 through June 30, 2004. (DPH contracted with SFSU for services totaling $150,703 during FY 99-2000).
** Calendaring request memo, Monitoring report summary*

(3.8) **PHP-CMHS/CSAS** – Request for approval of a retroactive contract modification with Westside Community Mental Health Center, Inc. (WCMHC) in the amount of $55,000 to provide critical incident response services targeting African-American residents of the Western Addition, for the period of February 1, 2001 through June 30, 2001. (DPH contracted with WCMHC for services totaling $9,784,090 during FY 99-2000).
** Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention)

5) FOR DISCUSSION AND PROPOSED ACTION: CONSIDERATION OF THE NUISANCE CODE REVISION ORDINANCE
(Rajiv Bhatia, M.D., Director of Environmental Health and OSH)
*Information

6) FOR DISCUSSION: UPDATE ON IMPLEMENTATION OF THE DEPARTMENT OF PUBLIC HEALTH COMPLIANCE PROGRAM
(Diane Keefer, Compliance Officer)
*Information

7) FOR DISCUSSION: UPDATE ON IMPLEMENTATION OF POLICY #24: CONTRACTORS' COMPLIANCE WITH ANTI DISCRIMINATION PROTECTIONS AND CULTURAL COMPETENCY
(Norm Nickens, Deputy Director of EEO, Affirmative Action, and Cultural Competence)
*Report

8) OTHER BUSINESS/PUBLIC COMMENTS**

9) PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

A. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

B. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

PROPOSED SETTLEMENT OF $12,000 IN CLAUDE MOLLER V. CCSF ET AL, UNITED STATES DISTRICT COURT CASE NO. 1511SI

C. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTIONS 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

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City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Roma P. Guy, M.S.W.
President

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Vice President

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, March 6, 2001
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Commission Jackson called for a moment of silence for the recent violent incident in San Diego where two students were killed. He pointed out these incidences of violence in the schools show the need for more funds for mental health. Violence is a public health issue.

President Guy indicated today's Commission meeting is the last full Commission meeting for Executive Secretary Sandy Mori. On behalf of the Commission, President Guy presented an Employee Recognition Program Certificate and a bouquet of flowers to Ms. Mori. Each Commissioner expressed appreciation and praise for her work and wished her well in her new position in the community.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 20, 2001

Action Taken: The Commission adopted the minutes of February 20, 2001, with the correction of including Commissioner Jackson as present at the meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **BEHM** – Request for approval of an amendment of the San Francisco Municipal Code, Business and Tax Regulations, to increase the fee schedule of the permit fee for businesses that prepare and/ or sell food, effective July 1, 2001.

(3.2) **CHN-Revenue Management** - Request for approval of a new contract with Health Advocates, LLP, to enhance Medi-Cal and other third-party reimbursements through an Uncompensated Care Reimbursement Recovery Program at San Francisco General Hospital, for the period of certification through December 31, 2002.

Chief Finance Officer Monique Zmuda reported this is the same contract approved by the Commission several months ago. The Finance Committee of the Board of Supervisors requested the Department to convene a new panel to review the proposals for this RFP. No reference checks would be done; and a specific support letter would be eliminated from the review process. After this second review process, the Department is again recommending awarding of the contract to Health Advocates.

Public Speakers:

Lock Holmes, SNR, described Paralign's work with the Department; pointed out inequities in the process and how Health Advocates had advantages in the process. He feels Paralign followed the rules, and Health Advocates did not follow the rules.

Robert J. McCarthy, Paralign, thinks there is a real appearance of impropriety; repeated the recommendations from the Human Rights Commission; feels there was no effort to find a fair panel on the second review and questioned the wide difference in the two outcomes, with an 18-point difference on the second review, compared to a 3-point difference on the first review.

Commissioner Monfredini clarified that Paralign took the Department to Court after the completion of the administrative process. She voiced her support for the Department's process.

Commissioner Sanchez indicated the process was followed by the Department, and there was no deviation from that process.

Commissioner Jackson concurred with his colleagues.

Ms. Zmuda pointed out the second review panel was created with impartiality and with a lot of thought. She also pointed out the Finance Committee did not send this to the Human Rights Commission for appearance of impropriety; and the HRC did not indicate this in its report.

Sheryl Bregman, Deputy City Attorney, reported that through a Court order, there is a Temporary Restraining Order (TRO) not to terminate the current contract. The Court could continue the injunction.

Commissioner Sanchez, on behalf of the Budget Committee, recommended approval of the Health Advocates contract to the full Commission.

(3.3) **CHN-SFGH** – Request for approval of a new contract with Toyon Associates, Inc. in the amount of $268,270, to provide reimbursement and revenue optimization services at San Francisco General Hospital, for the period of April 1, 2001 through March 31, 2002.

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Public Speakers: (before the full Commission on #3.2)

Lock Holmes, SNR, appealed to the full Commission and Dr. Katz to hear out the issues again; believes Health Advocates has tilted the table; pointed out conflicts of interest; believes Health Advocates does not meet the 10 minimum requirements.

Robert J. McCarthy, Paralign, repeated his points from his testimony before the Budget Committee; believes Paralign did not get a fair shake; exercised his client's rights to appeal to the Department, the Health Commission, the Finance Committee of the Board of Supervisors, giving an opportunity to right a wrong.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Guy abstaining on #3.7.

4) DIRECTOR'S REPORT

(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

President Bush's Federal Fiscal Year 2000 Budget Priorities

On February 28, 2001 President Bush released his proposed 2002 fiscal year budget priorities – *Blueprint for New Beginnings*. The President's major policy issues are to:

- pay down the federal debt,
- provide tax relief for American families,
- strengthen and reform education,
- modernize and reform Social Security,
- modernize and reform Medicare,
- revitalize national defense, and
- champion compassionate conservatism.

The President proposes to allocate the projected $5.6 trillion surplus over the next 10 years in the following manner: (1) saves all of Social Security surplus ($2.6 trillion) for Social Security, (2) provides $1.6 trillion in tax relief over 10 years, and (3) creates an unprecedented $1.4 trillion reserve for additional needs, debt service, and contingencies. In the area of Health and Human Services, the President's budget is categorized into three areas: (1) priority initiatives, (2)-redirected resources, and (3) potential reforms.

The health priority initiatives are:

- ***Doubling Resources for the National Institutes of Health (NIH):*** Continues the effort to double the National Institutes of Health (NIH's) 1998 funding level in five years by increasing NIH's funding by $2.8 billion over 2001, for a total of $23.1 billion in 2002.

- ***Strengthening the Health Care Safety Net:*** To strengthen the health care safety net for those most in need, the budget recommends a $124 million increase for Community Health Centers. This increase is the first installment for a multiyear initiative to increase the number of community health center sites by 1,200.

- ***Reforming the National Health Service Corps (NHSC):*** The NHSC management reform will examine such issues as the ratio of scholarships to loan repayments to provide maximum flexibility in placing NHSC providers. An amendment to the Health Professional Shortage Area definition will be sought to reflect other non-physician providers practicing in communities. The NHSC initiative will also encourage participation by making scholarship funds tax-free.

- ***Increasing Access to Drug Treatment:*** The President recommends an additional $111 million to increase the availability of substance abuse treatment services. Included in this amount is $100 million for the Substance Abuse and Mental Health Services Administration, ($60 million to help States finance treatment to those in need through the Substance Abuse Block Grant, and $40 million will be made available through the Targeted Capacity Expansion grants).

- ***Supporting the Healthy Communities Innovation Fund Initiative:*** HHS will allocate approximately $400 million in 2002 funding for existing grant activity for innovations at the local level, including programs to promote comprehensive care through integrated State health care delivery systems for women and children.

- *Providing an Immediate Helping Hand (IHH):* The President will propose to enact the IHH prescription drug proposal which would provide immediate funding for States to allow for interim prescription drug coverage for Medicare beneficiaries who need it most. IHH is 100 percent federally funded, with flexibility in how States can choose to establish or enhance drug coverage. The IHH proposal will cover the full cost of drugs for individual Medicare beneficiaries with incomes up to $11,600 who are not eligible for Medicaid or a comprehensive private retiree benefit, and for married couples with incomes up to $15,700 who do not have access to coverage. These beneficiaries would receive comprehensive drug insurance for no premium, and would pay a nominal charge for prescriptions. The proposal also covers Medicare beneficiaries with incomes up to $15,000 and married couples with incomes up to $20,300. These beneficiaries would receive subsidies for at least 50 percent of the premium of high-quality drug coverage. The IHH proposal would also provide catastrophic drug coverage for all Medicare beneficiaries.

The human services priority areas are: (1) promoting safe and stable families, (2) creating after school certificates, (3) promoting responsible fatherhood, and (4) supporting maternity group homes and encouraging compassion and charitable giving.

With respect to redirected resources (which could also be viewed as targeted reductions), the President proposes the following:

- *Health Professions:* The budget recommends a reduction to health professions' funding, which provides training grants to institutions. Today a physician shortage no longer exists. In addition, the federal government's role is questionable in this area given that these professions are well-paid and that market forces are much more influential in determining supply. The budget will recommend focusing resources on the Health Professions' grants that address current health workforce supply challenges, such as the impending nursing shortage and improving diversity in the health professions.

- *Community Access Program:* The budget recommends eliminating the $125 million relatively new, categorical Community Access Program. Instead, the Administration supports policy initiatives such as Medicaid waivers, the State Children's Health Insurance Program (S-CHIP), and the Community Health Centers Integrated Services Delivery Initiative.

- *Medicaid Integrity:* The Administration will take further steps to address the Medicaid "upper payment limit" loophole. Last year, the federal government published regulations to curb potential abuse from States that obtained federal reimbursement for hospitals and nursing homes and may not have used those funds for their intended purpose. Building on recent congressional and regulatory actions, the Administration proposes to prohibit new hospital loophole plans approved after December 31, 2000 from receiving the higher upper payment limit proposed in the final rule.

In the area of potential reforms in health (i.e., primarily organizational and operational changes), the President proposes the following:

- *Increasing State Flexibility in Public Health Grants:* The Administration is considering increasing State flexibility to address its public health needs through expanded transfer authorities, and other mechanisms to remove barriers to effective targeting of public health resources at the State and local level.

- *Rationalizing the HHS-Wide Research Agenda:* HHS will examine these issues closely and develop recommendations for reforming the Department's health research activities. In particular, HHS will prioritize its research agenda to focus on activities where the Federal mission and interests are clear, and focus less on research that is more traditionally and appropriately supported by universities and other research institutions.

- *Reforming HCFA:* HCFA will undertake a major effort to modernize and streamline its operations. The Administration intends to consider fundamental changes in HCFA's mission and structure and role in modernized Medicare program.

- *Reforming Medicaid and S-CHIP:* The Administration will encourage the purchase of private health insurance through health care tax credits and other proposals. The Administration will also focus over the next few months on Medicaid and S-CHIP and recommend reforms that will improve the way these programs provide health care coverage to the poor and near-poor.

- *Strengthening Management to Improve Efficiency:* The budget will propose steps to streamline HHS' decentralized approach to departmental management with the goal of enhancing coordination, eliminating costly duplication of efforts, and developing unified approaches to several of the key management challenges facing the agency.

POPULATION HEALTH AND PREVENTION

Robert Wood Johnson Grant

CSAS has been awarded a $60,000 "Demand Treatment" grant by the Join Together initiative of the Robert Wood Johnson Foundation. Over 100 cities submitted Letters of Intent for the initiative, 90 cities sent in applications, and twelve cities received the awards. CSAS plans to use the funds to launch a social marketing campaign to increase neighborhood willingness to have substance abuse treatment programs open in their community.

Community Asthma Intervention

DPH and its collaborators have been selected as one of six counties to receive statewide Prop 10 funds awarded by SDHS for a Community Asthma Intervention, serving children less than five years of age with asthma and their families. The award is $435,000, for a 16-month grant period covering March 1, 2001-June 30, 2002.

Clinical interventions will be coordinated by the Yes We Can Urban Asthma Partnership, through the SFGH Pediatric Asthma Specialty Clinic, and expanding the model to the Mission Neighborhood Health Center's Pediatric unit. The American Lung Association of San Francisco/San Mateo Counties will coordinate community-specific interventions, including patient education and assistance with controlling environmental asthma triggers. The asthma and environmental tobacco smoke educational campaign will target 500 childcare providers and 500 parents/guardian through SFUSD, Head Start, Wu Yee Children's Services and the Children's Council. In addition, Children's Environmental Health Promotion (CEHP) and Environmental Health Services will convene an inter-agency working group on housing issues affecting children with asthma.

COMMUNITY HEALTH NETWORK

LHH Replacement Project Update

A contingency from Laguna Honda representing clinical leadership and the project architectural team conducted site visits to East Coast hospitals to learn about best practices in long term care programming and design. The project team visited three facilities in the greater New York City area, including the Sarah Neuman Center for Health Care and Rehabilitation in Westchester, the Jewish Home and Hospital for the Aged in the Bronx, and the Coler-Goldwater Specialty Hospital and

Nursing Facility on Roosevelt Island. The team brought back many valuable ideas on resident room design, clinical and support services programming which will be incorporated into the Laguna Honda project design. The project is moving into schematic design immediately and is on schedule.

The Commission is invited to visit the resident room scaled mock-ups in Simon Auditorium on the Laguna Honda Campus. Feedback from those critiquing the mock-ups will be utilized in the final design process.

Interim Associate Administrator Primary Care

Gay Kaplan, RN, MSN, and GNP will serve as Acting Primary Care Associate Administrator until Jan Murphy's replacement is hired. Gay has been with the Department of Public Health since 1980 participating on many committees as well as extensive community work on behalf of geriatric care services.

Southeast Health Center Resignation

Freddie L. Smith, Health Center Director at Southeast Health Center, has resigned from his position effective March 9th. Marcellina Ogbu, Ph.D., will serve as Interim Health Center Director for Southeast Health Center until a permanent replacement is hired. Dr. Ogbu is currently the Health Center Director at Maxine Hall Health Center. She brings her management experience and expertise to this interim role.

Appointment to Statewide Task Force

Dr. Melissa Welch has been appointed to the Statewide Task Force on Culturally and Linguistically Competent Physicians and Dentists, as established by AB 2394. Dr. Albert Gaw, Director of Mental Health Rehabilitation, and Dr. Francis Lau, were also appointed. The first meeting of the Task Force will be held in Sacramento on Thursday.

Integration of LTC Pilot Project Task Force with the Department of Aging and Adult Services

The LTC Pilot Project Task Force has been evaluating options for the administrative oversight of planned improvements in San Francisco's long-term care service delivery system. On January 19, 2001, the Task Force considered the potential integration of its activities with the new Department of Aging and Adult Services (AAS). Dr. Sandra Nathan, AAS Executive Director, stated her intention to merge planning activities of the Task Force and AAS as one integrated effort. A transition plan to integrate all planning activities is now being developed. AAS will expand the responsibility of the Commission on the Aging so it will become the Commission on Aging and Adult Services. As existing Commissioner's terms expire, the Commission will be reconfigured to include: two long-term care slots; one younger disabled adults slot; one veterans affairs slot; and one dependent adult slot.

The mission of AAS is to assist older and functionally impaired adults and their families to maximize self-sufficiency, safety, health, and independence, so that they can remain living in the community for as long as possible and maintain the highest quality of life. AAS coordinates a range of social, mental health, and long-term care services. AAS has already consolidated the following County services: Commission on the Aging; the Public Administrator/Public Guardian Department; and Mental Health Conservatorship Services (previously a program of DPH). AAS intends to incorporate Adult Protective Services by July 1, 2001, and In-Home Supportive Services by July 1, 2002. Currently, these two programs are located in the Department of Human Services.

Continued Long-Term Care Planning

The Task Force will consider whether or not to continue planning to improve long-term care services under the State's Long-Term Care Integration Pilot Program (AB 1040). The State's vision for long-term care integration under AB 1040 is capitated coverage for the continuum of medical, social, and supportive services needed by frail elderly and disabled adults who are eligible for Medi-Cal. However, there is increasing concern among the provider community and the Task Force regarding the development of a fully-capitated, at-risk managed care system for long-term care consumers. This concern is shared by other counties.

San Francisco, along with other interested counties, is now exploring different models to improve long-term care service delivery that do not involve capitation. This exploration is being accomplished with the support of the California HealthCare Foundation. Since December 2000, a series of meetings has been conducted under the auspices of the Foundation. San Francisco is represented at these multi-county meetings by Sandra Nathan, Executive Director of the Department of Aging and Adult Services; Tangerine Brigham, DPH Director of Policy and Planning; and Bill Haskell, the LTC Project Coordinator.

Mr. Wagner reported that the Long Term Care Pilot Project Task Force would like to present its recommendations to a Joint Commission meeting in April. This Joint Commission meeting would include the Health Commission, the Human Services Commission, and the Commission on the Aging and Adult Services. A possible site could be the Simon Auditorium at Laguna Honda Hospital.

5) CONSIDERATION OF THE NUISANCE CODE REVISION ORDINANCE

(Rajiv Bhatia, M.D., Director of Environmental Health and OSH)

Dr. Bhatia presented proposed revisions to the San Francisco Health Code consolidating various provisions that set forth conditions that constitute a public nuisance.

The revised nuisance provisions add new language to specifically declare the presence of mold and lead as public nuisances, thereby supporting the Department of Public Health efforts to reduce these potential health hazards for San Francisco residents. Furthermore, they establish an administrative enforcement process for the abatement of nuisances and authorize the Department of Public Health to recover administrative costs incurred as a result of enforcement.

Action Taken: The Commission approved the nuisance code revision ordinance adding language to specifically declare the presence of mold and lead as public nuisances.

6) UPDATE ON IMPLEMENTATION OF THE DEPARTMENT OF PUBLIC HEALTH COMPLIANCE PROGRAM

(Diane Keefer, Compliance Officer)

Ms. Keefer reminded the Commission that in June of 2000 the compliance efforts of the Community Health Network and Population Health and Prevention were to be combined as a Departmentwide endeavor. Highlights of the implementation include:

- Development of the Compliance Organization Chart
- Roles of Councils, Advisory Boards and Committees
- Accomplishments
  - ✓ Compliance Training and Education
  - ✓ Development of a Department of Public Health Compliance Hotline

- Expansion of the compliance web site to DPH homepage for full intranet access
- Ongoing development of Compliance Plans for:

  - ✓ San Francisco General Hospital
  - ✓ Laguna Honda Hospital
  - ✓ Health at Home
  - ✓ Community Primary Care
  - ✓ Community Mental Health and Behavioral Health Services

- Ongoing monitoring and auditing of activities related to claims development, billing and cost report filing
- Ongoing review of encounter reporting and coding
- Ongoing development of training and education, including Compliance as part of the CHN's Computer Based Training system

Ms. Keefer also described the Department's approach to HIPAA (Health Insurance Portability and Accountability Act of 1996). HIPAA includes several antifraud provisions and encourages beneficiaries to report fraud and abuse. The Department will create a HIPAA Task, a HIPAA Awareness Program, and Implementation and Action Plans. A Privacy Officer will need to be hired.

Ms. Keefer thanked the Commission for its ongoing support and commitment to these compliance efforts within the Department.

The Commission requested a progress report in six months (October 2001).

Dr. Katz pointed out the progress of the DPH Compliance Program is due to the work and leadership of Ms. Keefer.

7) UPDATE ON IMPLEMENTATION OF POLICY #24: CONTRACTORS' COMPLIANCE WITH ANTI DISCRIMINATION PROTECTIONS AND CULTURAL COMPETENCY

Mr. Nickens provided an update (Attachment A) on the Department's implementation of Policy #24, and a copy of an Executive Summary of the National Standards for Culturally and Linguistically Appropriate Services in Health Care.

Commissioner Chow suggested a mechanism for input and collaboration with the community and patients/consumers on the implementation of Policy #24. He also expressed the following concerns on the Culturally and Linguistically Appropriate Standards (CLAS):

- What standards will the Department adopt as the local standards?
- How will the Department apply these standards?
- Commission needs to know how contractors are in compliance with the standards
- Avoidance of duplicative surveys of certain standards
- Application of these standards to Civil Service (i.e., Department) programs
- Some "non direct service" providers (i.e., media firms) need to comply with cultural competency.

Mr. Nickens will form a Task Force to include contractors and consumers in order to provide a forum for input and collaboration. He will be taking the Federal standards and integrating them into the local standards. An update to the Commissioners will be provided indicating which contractors are in compliance. There will be the issue of resources (i.e., training programs) to implement the policies.

President Guy emphasized the importance of avoiding duplication of work for the contractors when complying with Policy #24.

Commissioner Monfredini recommended a specific time period for this Task Force.

8) PUBLIC COMMENTS

Elizabeth Frantes thanked the Commission for the I.D. cards for medical marijuana usage; described her negative experience at SFGH; expressed concern on access to health care; advocated for health for all, not just to select groups.

9) PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

None.

A. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

Action Taken: The Commission voted to hold a closed session.

The Commission went into closed session at 5:10 p.m.

Individuals present were all seven Commissioners, Mitch Katz, Gene O'Connell, Hiro Tokubo, Alison Moed, Monica Wiley, Art Greenberg, and Sandy Mori.

B. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

PROPOSED SETTLEMENT OF $12,000 IN CLAUDE MOLLER V. CCSF ET AL, UNITED STATES DISTRICT COURT CASE NO. 1511SI

The Commission came out of closed session at 5:35 p.m.

C. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTIONS 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

Action Taken: The Commission approved the $12,000 settlement in Claude Moller v. CCSF et al, United States District Court Case No. 1511SI.

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).**

Action Taken: The Commission voted not to disclose any discussions held in closed session.

The meeting was adjourned at 5:37 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

San Francisco Department of Public Health
Office of Equal Employment Opportunity,
Affirmative Action, and Cultural Competency

SEAL OF THE CITY AND COUNTY OF SAN FRANCISCO

February 26, 2001

TO: Health Commission

THROUGH: Mitch Katz, M.D.

FROM: Norm Nickens, Deputy Director
EEO, Affirmative Action and Cultural Competency

RE: Update on Implementation of Policy on *Contractors Compliance with Anti-Discrimination Protections and Cultural Competency*

At its meeting of March 16, 1999 the Health Commission adopted a revised policy on *Contractors Compliance with Anti-Discrimination Protections and Cultural Competency*. Reports on the implementation of the policy were presented to the Health Commission on August 31, 1999, June 6, 2000, and November 21, 2000. Copies of the policy have been distributed to all contractors on multiple occasions.

In addition, training on compliance with the policy was offered to all contractors in September, 1999. Information on implementation of the policy for the 2001-02 fiscal year, and a schedule of training sessions for contractors and staff, will be mailed in the next few weeks.

The current policy applies to all "direct service" contracts with the department, approximately 170 agencies in the current fiscal year. All but approximately 15 agencies have submitted annual reports for the current year. Those agencies that have not yet submitted approved final reports are generally new providers in the current year who have been granted additional time for submission of a report, providers who have submitted a partial report and requested additional time for submission of the final report, or small contractors (usually with only one employee on the contract) who have not yet responded. Most of the contractors who have not responded or who have submitted partial reports are within Community Mental Health Services, where there was some uncertainty regarding the

San Francisco Department of Public Health, Office of Equal Employment Opportunity, Affirmative Action, and Cultural Competency, 101 Grove Street, Room 214, San Francisco CA 94102
Telephone: 415-554-2593
Fax: 415-554-2594
E-Mail: norm_nickens@dph.sf.ca.us

requirement to submit a report to the Health Commission and a separate report required by a State mandated cultural competency requirement.

Over the past few months the EEO Office and program managers have responded to questions and requests for technical assistance from contractors regarding the policy. This has included meetings with individual contractors, some providers associations, and departmental program managers. Areas that were identified by contractors as requiring more detailed technical assistance include:

- an overview of *concepts* of cultural competency, including the application of these concepts in specific program areas, such as HIV, substance abuse and mental health;
- development of quantitative and qualitative outcome *measures*;
- compliance with the *Americans with Disabilities Act (ADA)*;
- *linguistic* competency, including use of interpreters, translation services, development of multilingual print materials, and development of alternative format materials (large print, Braille, and audio);
- assistance in identifying *resources* for expanding cultural competency at an agency (staff training and development, translation of materials, barrier modification, etc.).

The EEO Office and various sections of Population Health & Prevention are in the process of developing a series of specific training sessions for PH&P staff and contractors to address these issues. Discussion has also begun with the Mayor's Office of Community Development and the Mayor's Office on Disability regarding conducting joint trainings for contractors.

Other issues that were raised by staff and contractors include:

- developing a standard format for the reports;
- eliminating any duplicate reporting requirements, such as separate Human Rights Commission and Health Commission demographic requirements;
- better coordination with other cultural competency requirements, such as existing State requirements in CMHS;
- agencies and program managers reported a need for additional technical assistance in developing agency and program specific cultural competency outcome measures and evaluation criteria, and,
- program managers requested greater flexibility in reporting requirements for smaller contractors.

In order to address these concerns the following standardized format is being recommended in the Department's implementation of the Commission's *Contractors Compliance with Anti-Discrimination Protections and Cultural Competency*. All affected direct service contractors would be asked to submit an annual report that provides information on their policies and procedures in the following areas:

A) Non-discrimination policies for clients and staff (must include all categories protected by local ordinance);

B) Grievance policies for clients (all policies must include notification process for clients, process for initiating a grievance, and timeline for resolution of a grievance);

C) Report on client, staff and board demographics (HRC Form 6 may be submitted for staff demographics);

D) Policies and procedures for serving Limited English Proficiency clients, including policies on staff training, translation of materials, bilingual services and interpretation (materials submitted in compliance with CMHS cultural competency requirements may submitted in lieu of this requirement);

E) Policies and procedures for ensuring compliance with the American's with Disabilities Act in the provision of services, including policies on staff training, elimination of barrier restrictions, and provision of services to visually and hearing impaired clients.

The Department's Office of EEO, Affirmative Action and Cultural Competency will provide training and technical assistance to contractors in developing appropriate policies and procedures to meet the requirements listed above. Program managers within Population Health & Prevention will work with individual programs to ensure that specific cultural competency outcome measures are developed at the program level. Experience in other program areas has indicated that contractors will need assistance in developing cultural competency goals and objectives that effectively address their specific organizational and programmatic needs, and that are conceptualized in ways that are measurable and achievable. Contractors will look to the Department or assistance in developing appropriate standards of care in regard to the provision of culturally and linguistically competent services. Examples of measures and indicators of culturally and linguistically competent services could include improved access to care, consumer satisfaction, and medication compliance.

A specific training addressing the newly released federal standards on cultural and linguistic competence standards will also be developed; the standards were released in the Federal Register in December, 2000 and a summary is attached. In 1997, the U.S. Department of Health and Human Services' Office of Minority Health (OMH) asked Resources for Cross Cultural Health Care and the Center for the Advancement of Health to review and compare existing cultural and linguistic competence standards and measures in a national context, propose draft national standard language where appropriate, assess the information or research needed to relate these guidelines to outcomes, and develop an agenda for future work in this area. The result of this effort was a two-part report submitted to OMH in May, 1999 entitled Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda. The first part of this report recommends national standards for culturally and linguistically appropriate services (CLAS) in health care. Based on an analytical review of key laws, regulations, contracts, and standards currently in use by Federal and State agencies and other national organizations, these recommended standards were developed with input from a national project advisory committee of policymakers, health care providers, and researchers. Each standard is accompanied by commentary that addresses the proposed guideline's relationship to existing laws and standards, and offers recommendations for implemented and oversight to providers, policymakers, and advocates.

Copies of the new federal standards will be distributed to contractors as part of the packet of materials for FY 2001 – 2002. Also to be included in this packet will be a recently revised non-discrimination poster developed by the Human Rights Commission.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John L. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Arthur R. Greenberg
Interim Executive Secretary

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Web Site: *http//www.dph.sf.ca.us*

AGENDA

HEALTH COMMISSION MEETING

March 20, 2001
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.
MAR 15 2001
SAN FRANCISCO
PUBLIC LIBRARY

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 6, 2001

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) CHN – Request for approval to accept and expend a new three-year grant from The California Endowment, in the amount of $399,386 for "Integrated Behavioral and Physical Health Care in Community-Based Public Health Clinics", for the period of February 15, 2001 to February 14, 2004.
** Calendaring request memo, Grant information form, Budget form*

(3.2) **CHN-LHH/HAH** – Request for approval of a new contract with Healthcare Financial Solutions, in the amount of $57,202 to provide reimbursement and revenue optimization services for Laguna Honda Hospital and Health at Home Agency, for the period of April 1, 2001 through March 31, 2002.
* *Calendaring request memo, Monitoring report summary of previous provider, LHH budget form*

(3.3) PHP-Children's Environmental Health Promotion – Request for approval to accept and expend a grant from the State Department of Health Services in the amount of $435,000, for "Removing Barriers to Effective Asthma Management for Infants, Toddlers and Children up to 5 Years of Age", for the period of March 1, 2001 to June 30, 2002, and approval of two sole source contracts, one with the American Lung Association for $123,877, and one with the San Francisco State University/Yes We Can Urban Asthma Partnership for $225,548, both for the period of April 1, 2001 to June 30, 2002.
* *Calendaring request memo, Grant information form, Budget forms*

(3.4) PHP-CMHS – Request for approval to accept and expend a new two-year grant from Eli Lilly and Company to fund the sole source contract with Westside Community Mental Health Crisis and Outpatient Clinic in the amount of $250,000 to enhance medication adherence for clients of Community Mental Health Services, for the period of May 1, 2001 to April 30, 2003.
* *Calendaring request memo, Grant information form*

(3.5) PHP-CMHS – Request for approval of a retroactive new sole source contract with Mt. Diablo Medical Pavillion for the provision of acute psychiatric inpatient hospital services targeting uninsured children and adolescents, in the amount of $200,000 in City funds, for the period of January 1, 2001 through June 30, 2002, and in the amount of $4,300,000 in Medi-Cal funds for four hospital providers targeting Medi-Cal beneficiaries, for the period of July 1, 2000 through June 30, 2001.
* *Calendaring request memo*

(3.6) PHP-CMHS – Request for approval of a retroactive contract modification with Edgewood Center for Children and Families in the amount of $99,990 to establish a placement alternative consortium for youth needing residential care, for the period of March 1, 2001 through December 31, 2001. (DPH contracted with Edgewood for services totaling $1,761,526 during FY 1999-2000).
* *Calendaring request memo*

(3.7) AIDS Office – Request for approval of a retroactive renewal agreement with the State of California Department of Rehabilitation, San Francisco District (DR), in the amount of $116,859 to enable San Francisco to leverage Federal/State vocational rehabilitation funds of $420,060, to provide vocational rehabilitation services targeting persons with HIV/AIDS seeking to enter/re-enter employment, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with DR for services totaling $114,000 during FY 1999-2000).
* *Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.8) AIDS Office – Request for approval of the FY 2001-2001 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 Title I, Title II and General Fund contracts for a combined total of $35,853,088, for the period of March 2001 through February 28, 2002 for Title I funds, April 1, 2001 through March 31, 2002 for Title II funds and July 1, 2001 through June 30, 2002 for General Fund programs with the following agencies:

AIDS Emergency Fund		$ 662,392
AIDS Legal Referral Panel		$ 200,952
American College of Traditional Chinese Medicine		$ 276,827
Asian Pacific Islander Wellness Center		$ 406,453
Baker Places		$ 177,000
Bar Association of San Francisco		$ 77,868
Catholic Charities		$ 159,815
California AIDS Intervention Training Center		$ 66,715
Chemical Awareness & Treatment Services, Inc.		$ 594,042
CompassPoint Nonprofit Services		$ 130,000
Continuum HIV Day Services		$ 857,960
Dolores Street Community Services		$ 184,273
Family Service Agency of San Francisco		$ 181,643
Family Support Services of the Bay Area		$ 285,231
Glide Foundation		$ 140,106
Haight Ashbury Free Medical Clinics, Inc.		$ 1,005,557
Immune Enhancement Project		$ 223,668
Instituto Familiar de la Raza		$ 357,197
Iris Center		$ 150,000
Legal Services for Children		$ 177,882
Lutheran Social Services		$ 559,479
Lyon-Martin Women's Health Services		$ 341,727
Maitri AIDS Hospice		$ 981,880
Marin County		$ 1,501,296
Mission Neighborhood Health Center		$ 142,902
New Leaf		$ 234,138
Positive Resource Center		$ 529,288
Project Open Hand		$ 1,348,637
Quan Yin Healing Arts Center		$ 127,327
Saint Mary's Medical Center.		$ 1,234,862
San Francisco Community Clinic Consortium		$ 341,042
SFDPH Community Health Network -Forensics Services		$ 356,524
SFDPH Community Health Network -Health at Home		$ 465,652
SFDPH Community Health Network - Primary Care		$ 2,709,422
SFDPH Community Health Network -SFGH		$ 2,009,309
SFDPH Community Health Network-SFGH-Positive Health Pract.		$ 184,784
SFDPH Community Health Network-Tom Waddell		$ 162,703
SFDPH PHP Mental Health Services		$ 288,234
SFDPH PHP Public Health Laboratory		$ 58,560
SFDPH PHP STD Services		$ 176,929
SFDPH PHP Substance Abuse Services		$ 250,000
SFDPH PHP Housing Services		$ 8,169,348
Ark of Refuge, Inc	$ 282,480	
Baker Places	$1,673,480	
Black Coalition on AIDS	$ 383,912	
Catholic Charities	$1,395,010	
Larkin Street Youth Center	$ 643,357	
Lutheran Social Services	$ 156,171	
San Francisco AIDS Foundation	$2,945,173	
Walden House	$ 75,757	

San Francisco Food Bank	$ 96,416
San Francisco Suicide Prevention	$ 107,784
San Mateo County	$ 2,300,965
Shanti Project	$ 537,193
Tenderloin AIDS Resource Center	$ 405,720
UCSF/AIDS Health Project	$ 977,701
UCSF/Center on Deafness	$ 40,236
UCSF/Pediatric AIDS Program	$ 170,945
UCSF/Substance Abuse Services	$ 662,134
UCSF/ Women's Specialty Clinic	$ 222,000
University of the Pacific-School of Dentistry	$ 543,600
Walden House	$ 1,699,928
Westside Community Mental Health Services	$ 212,850
	$35,853,088

** Calendaring request memo, Agency and Service description form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE AWARDS FOR MARCH 2001**
**List of Awardees*

6) **FOR DISCUSSION AND PROPOSED ACTION:** **PRESENTATION AND CONSIDERATION OF A RESOLUTION RECOMMENDING THE SAN FRANCISCO GENERAL HOSPITAL REBUILD**
**Report and Resolution*

7) **TIME SPECIFIC:** **4:30 P.M. (See attached)**

8) **OTHER BUSINESS/PUBLIC COMMENTS****

9) **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION**

A. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

B. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

PROPOSED SETTLEMENT OF $250,000 IN SARONA COLLINS ET AL V. U.C. REGENTS AND CCSF, SUPERIOR COURT CASE NO. 309-463

C. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTIONS 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us.

City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

NOTICE

SPECIAL PUBLIC HEARING

HEALTH COMMISSION

Tuesday, March 20, 2001
Time Specific: 4:30 P.M.
101 Grove Street, #300
(Auditorium)
San Francisco, CA 94102

Public Hearing in accordance with the Health Care Planning Ordinance (Proposition Q, 1988), to consider the impact of the following changes on health care services of the community at St. Mary's Medical Center:

- Closure of 2 Outpatient Psychiatric Programs
- Closure of 1 Outpatient Pediatric Program
- Closure of the St. Mary's Radiology Oncology Unit

Persons unable to attend this public hearing may submit written comments to the Health Commission President Roma Guy, M.S.W., 101 Grove, Room #311, San Francisco, CA 94102.

Posted 2/23/01

20

20/01

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, March 20, 2001
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

APR 1 0 2001

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 3:05 p.m.

Present During the Meeting:

Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 6, 2001

Action Taken: The Commission adopted the minutes of March 6, 2001.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Arthur M. Jackson)

(3.1) **CHN** – Request for approval to accept and expend a new three-year grant from The California Endowment, in the amount of $399,386 for "Integrated Behavioral and Physical Health Care in Community-Based Public Health Clinics", for the period of February 15, 2001 to February 14, 2004.

(3.2) **CHN-LHH/HAH** – Request for approval of a new contract with Healthcare Financial Solutions, in the amount of $57,202 to provide reimbursement and revenue optimization services for Laguna Honda Hospital and Health at Home Agency, for the period of April 1, 2001 through March 31, 2002.

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- CompassPoint Nonprofit Services
- Continuum HIV Day Services
- Dolores Street Community Services
- Family Service Agency of San Francisco
- Family Support Services of the Bay Area
- Glide Foundation
- Haight Ashbury Free Medical Clinics, Inc.
- Immune Enhancement Project
- Instituto Familiar de la Raza
- Iris Center
- Legal Services for Children
- Lutheran Social Services
- Lyon-Martin Women's Health Services
- Maitri AIDS Hospice
- Marin County
- Mission Neighborhood Health Center
- New Leaf
- Positive Resource Center
- Project Open Hand
- Quan Yin Healing Arts Center
- San Francisco Community Clinic Consortium
- SFDPH Community Health Network -Forensics Services
- SFDPH Community Health Network -Health at Home
- SFDPH Community Health Network - Primary Care
- SFDPH Community Health Network -SFGH
- SFDPH Community Health Network-SFGH-Positive Health
- SFDPH Community Health Network-Tom Waddell
- SFDPH PHP Mental Health Services
- SFDPH PHP Public Health Laboratory
- SFDPH PHP STD Services
- SFDPH PHP Substance Abuse Services
- SFDPH PHP Housing Services
  - Ark of Refuge, Inc
  - Baker Places
  - Black Coalition on AIDS
  - Catholic Charities
  - Larkin Street Youth Center
  - Lutheran Social Services
  - San Francisco AIDS Foundation
  - Walden House
- San Francisco Food Bank
- San Francisco Suicide Prevention
- San Mateo County
- Shanti Project
- Tenderloin AIDS Resource Center
- UCSF/AIDS Health Project
- UCSF/Center on Deafness
- UCSF/Pediatric AIDS Program
- UCSF/Substance Abuse Services
- UCSF/ Women's Specialty Clinic
- University of the Pacific-School of Dentistry
- Walden House
- Westside Community Mental Health Services

Commissioners' Comments:

The Commission agreed that St. Mary's Medical Center funding in the amount of $1,234,862 shall not be approved, pending an update from the Department of Public Health concerning the relocation of St. Mary's AIDS-Dementia Unit patients to St. Mary's Skilled Nursing Facility (SNF).

Commissioners Monfredini and Jackson posed questions concerning, among other things, the number of clients served and the methods for identifying clients.

Commissioners Guy, Chow, Monfredini, and Jackson expressed concerns regarding St. Mary's Medical Center, especially in light of the Proposition Q question. The Department assured the Commission that the Department is in communication with St. Mary's, and would report back to the Commission.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee. Commissioner Guy abstained on the San Francisco State University contract on #3.3; Commissioner Jackson abstained on the Westside Community Mental Health Crisis and Outpatient Clinic, #3.4 and #3.8; Commissioner Sanchez abstained on the UCSF contract on #3.8; and Commissioner Umekubo abstained on the St. Mary's contract on #3.8.

4) DIRECTOR'S REPORT

(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

State Charity Care Report

Last year the California Legislature enacted AB 2276 (Cedillo), which requires the California Attorney General to prepare a plan for evaluating whether additional charity care or community benefits standards should be imposed on non-profit hospitals in the State. Last week the Attorney General issued a plan identifying key issues that should be considered in establishing such standards. The AG acknowledges that California does not impose any substantive charity care or community benefits standards on non-profit hospitals.

The Attorney General recommended the following:

- The Legislature should designate a lead agency to perform the evaluation. Currently, the Health and Human Services Agency, Attorney General and Department of Managed Health Care provide oversight to non-profit hospitals.
- The evaluation should include an examination and formulation of uniform standards to be applied to non-profit hospital transactions.
- The Legislature should define the scope of issues related to the role that Boards of Directors of non-profit hospitals play in ensuring the delivery of appropriate care and community benefits to their communities.
- The Legislature should define the scope and the methods of assessing the impact of corporate structure on the delivery of healthcare and community benefits by non-profit hospitals.
- The Legislature should direct the evaluator to develop alternatives to adopting charity care and community benefits standards and to provide assessments of health and financial impacts of each alternative on affected stakeholders.
- The lead agency should ensure input from a wide-range of stakeholders.
- The Legislature should establish realistic budget and deadlines for the evaluation.

The Attorney General's report is currently being reviewed by the Legislature. The Department will keep the Health Commission apprised on this effort as it proceeds.

POPULATION HEALTH AND PREVENTION

Mental Health

Community Mental Health and the California Institute of Mental Health are sponsoring a conference on April 26th, called, "Pathways to Wellness: A Dialogue on Recovery." The conference will examine:

- What recovery is and its roots in rehabilitation
- Services and approaches to improve client access
- Tools to increase the quality of client/provider relationships
- Its impact on adult and children services

The conference will feature clients, providers and family members talking about their experiences with recovery.

SRO Task Force

A workgroup from the SRO Families Task Force Committee held a forum to study the impact on the development of children and families growing up in SRO's. The meeting was a success and included over 40 representatives from advocacy groups, City agencies and providers. The group examined issues relating to the physical, psychological, social and cognitive development of children living in these buildings. An outcome of the forum was a series of recommendations about how to improve the health and well being of children living in SROs.

COMMUNITY HEALTH NETWORK

Laguna Honda Hospital Update

Health At Home and Laguna Honda Increase Collaboration

Members of the Health at Home leadership team visited Laguna Honda on March 7th to discuss increasing collaboration in getting Laguna residents into community settings. The Health At Home Medical Director, Chief of Client Services, and Chief of Social Services met with the entire Laguna Social Services Department and select nursing and medical staff. All parties agreed that having Health at Home staff members meet with the Laguna resident and interdisciplinary team before discharge, and having Laguna staff meet with the resident and Health at Home tem after discharge, would increases residents' chances of successful community placement.

Laguna Honda Hires Two Peer Counselors

In February, Vincent Beehan became the peer mentor coordinator at Laguna Honda Hospital. Mr. Beehan serves on the Board of the Public Authority and the Mayor's Disability Council. In March, Karen Young-Simmons began work as the first peer mentor. Peer mentors can have inestimable value in reducing institutional dependence by serving as role models for successful community living. They will help Laguna Honda residents find resources, learn transportation routes, and develop contingency plans for mishaps. Residents who are actively seeking discharge or contemplating discharge are eligible for peer mentor services.

Three Laguna Honda Clinicians Chosen for Pain Program

The University of California Academic Geriatric Resource Program recruited three Laguna Honda staff members to attend a program called "Managing Pain and Suffering in the Elderly" in Los Angeles on March 15-16. Anne Hughes, RN, CNS, NP, Michelle Fouts, Pharm.D, and Victoria Behrman, MD will attend the train-the-trainer conference, which will be led by a nationally known team of experts. The Academic Geriatric Resource Program is covering the expenses of the Laguna staff members with the understanding that they will train others in cutting edge programs to reduce pain and suffering.

Personnel Announcements

New Director for Quality Improvement Department at Laguna Honda

Mivic Hirose has accepted the position of the Director of Quality Improvement at Laguna Honda Hospital. Ms. Hirose has served as Assistant Director of Nursing for approximately 1-1/2 years.

Dr. Katz extended his personal thanks to Hiro Tokubo who has served as the Interim Director for many months, in addition to his CHN responsibilities.

Examiner's Bay to Breaker's Event to benefit LHH

Mr. Ted Fang, new owner of the San Francisco "Examiner," has advised Laguna Honda Hospital of his desire to have the LHH Replacement Project be one of the beneficiaries of proceeds from this year's Bay to Breaker's event. Mr. Fang has indicated a preference to have the proceeds apply to furnish and equip the new Childcare Center which will be an integral component of the new campus. We extend our appreciation and gratitude to Mr. Fang for this thoughtful generosity and continued support for the mission of Laguna Honda.

SFGH Medical Staff Credentials Report

	03/01	2001 YTD
New Appointments	02	08
Reinstatements	02	02
Reappointments	46	128
Delinquencies	0	0
Reappointment Denials		0
Resigned/Retired	11	33
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	03	08
Voluntary Relinquishments	03	04

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE AWARDS FOR MARCH 2001

On behalf of the Commission, Commissioner Jackson presented awards to the following:

Individual Nominees	Division	Nominated by
Jackie Clarke, RN	CHN – Forensics - Health Services	Joe Goldenson, M.D., Medical Director, Jail Health Services
Dora Chang	CHN – Forensics - Health Services	Frank Patt, Assistant Director, Jail Health Services
Kathryn Eng, Director Health at Home	CHN – Health at Home	Gene O'Connell, Executive Administrator, SFGH

Team Nominees	Division	Nominated by
Regina Pera Gina Garcia Maria Aleman Christia Mea Melody Doan Michelle Valentin Allan Gonzalez-Ruiz Ruth Barretto Andy Chow Donna Childers Ronald Alvarez	PH&P Human Resources and PH&P MIS	Frank Patt, Assistant Director, Jail Health Services
Diana Guevara Donna Louie John Aaron Ed Ang Sheri Lee Robert Perry Agnes Davis	CHN-SFGH – Patient Financial Services	Ken Jensen

6) PRESENTATION AND CONSIDERATION OF A RESOLUTION RECOMMENDING THE SAN FRANCISCO GENERAL HOSPITAL REBUILD

Gene O'Connell, Executive Administrator, San Francisco General Hospital, and Carlos Villalva, Executive Project Manager, briefed the Commission concerning the San Francisco General Hospital (SFGH) rebuild project. Their briefing began with an overview of the background issues, planning processes, assumptions, and charges. They then presented detailed, site–specific rebuild considerations. The briefing identified three bond options: $472.7 million; $387.8 million; and $299.8 million. The presenters described legislative considerations and next steps in the process, including completing the SFGH Institutional Master Plan, collaborating further with UCSF, and increasing community dialogue.

The presenters recommended waiting until 2002 to bring a bond measure before the voters, which they stated would provide the Department of Health with additional time to build upon the original assumptions, incorporate the legislative changes and Master Plan, explore collaborative efforts with UCSF, and elicit further community input.

Public Speakers

Christopher Sabre, stated that he lives 2 ½ blocks from the site, and is concerned about the size of the project. In his view, there have been inadequate community meetings.

Rae Ann Emery said that the new project will take views away from her residence. She asked that the project not be rushed.

Judith Berkowitz stated that not enough planning had been done, and that the project was not a rebuild, but an expansion. She asked the Commission to postpone consideration of the measure.

Babette Drefke said that she was a long time Potrero Hill resident. Her suggestions to the Commission included: conform to a 40 foot height limit; do not build up to property line; do not expand buildings on hospital grounds; keeps lawns and greenery; and retrofit the red brick buildings.

Dr. H. T. Debas, Dean, UCSF School of Medicine and Vice Chancellor for Medical Affairs, served on the rebuild planning committee and supported that process. He asked the Commission to consider the academic and research needs of the faculty.

Michael Lyon stated that there was a concentration of medical facilities for the indigent around San Francisco General Hospital. He stated that the SFGH plan may be insufficient to meet future medical needs.

Nora Roman, Emergency Coalition to Save Public Health, stated that she was happy that the Department's recommendation is not to bring a bond measure before the voter's now. She said that there had been only one community meeting held on this issue, and that the plan needed more community and worker input.

Dr. Katz's Comments

Dr. Katz thanked Gene O'Connell and her staff for their good work. He added that there are many issues related to rebuild project ahead next year, including: 1) State legislation, especially issues relating to seismic standards; 2) how to best collaborate with UCSF, and 3) addressing community interests. He further stated that the Department will know more about pending State legislation in October or November.

Commissioners' Comments

- Echoed Dr. Katz's comments, congratulating staff for their good work, including the amount of work that staff accomplished in a short period of time
- Pleased with recommendations; 2002 date provides opportunities to work through many of the issues raised
- Raised the need to respond to issues concerning UCSF collaboration and research aspects
- Raised the need to respond to issues of technology, and the increase of dually diagnosed and psychiatric patients in the Emergency Department.
- Stressed the need for more community input concerning the rebuild project
- The Department and Commissioners agreed that the Department would present a progress report to the Commission by October 2001.

Action Taken: The Commission agreed with the recommendation to wait until 2002 to bring a bond measure before the voters

The Commission directed the Department to present a SFGH Rebuild Progress Report to the Commission by October 2001

7) PUBLIC HEARING IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE - (PROPOSITION Q, 1988), TO CONSIDER THE IMPACT OF CHANGES ON HEALTH CARE SERVICES TO THE COMMUNITY AT ST. MARY'S MEDICAL CENTER

Several representatives from St. Mary's Medical Center (SMMC) made presentation to the Commission during the Proposition Q hearing. Ken Steele, Interim President at SMMC, began with an overview of the SMCC and Proposition Q. He apologized to the Commission for not providing the required 90 days notice for three of the four program closures. Mr. Steele stated that he looks forward to improving the communication between President Guy, the Commission, Dr. Katz, and himself.

Mr. Steele stated that, as a result of the actions taken in January and February 2001, St. Mary's financial picture has improved dramatically. He told the community that St. Mary's is not closing, is not for sale, and that he wants to ensure the viability of St. Mary's now and far into the future. He described each closed program, closure dates, number of staff and patients impacted: Adult Partial Hospital Program (closed February 25, 2001); the Outpatient Psychology Clinic (will close June 30, 2001); the Outpatient Pediatric Clinic (closure date: March 23, 2001); and the Radiology Oncology Service (transferred to St. Francis Hospital, March 2001).

Mr. Steele also discussed two other SMCC Units. These are the HIV-Care Unit, which Mr. Steele said was relocated to another SNF Unit at SMCC, with patients receiving the same service at a different location, and the Medical-Psychiatric Unit whose patients were transferred to different St. Mary programs.

In addition to Mr. Steele, several other SMCC representatives presented before the Commission: Stephen Krause, M.D., Medical Director of McAuley Institute; Brother George Cherrie, Director of Mission Services, Spiritual Care, and Community Services; and Jim Illig, Chair of the SMMC Community Advisory Committee. They described in further detail the financial, clinical, and staffing aspects concerning the closure or transfer of the SMCC programs.

Public Speakers

Allen Fitzpatrick, R.N., stated that the skilled nursing staff from the HIV Dementia Care Unit has been laid off, and the patients no longer have the freedom, care, and support that they experienced. He further stated that the nurses in the skilled nursing unit received proper orientation or training to enable them to safely care for the new patients.

George Ouellette, R.N., told the Commission said that he has been a nurse at St. Mary's for 23 years. He stated that some patients are displaced into units were they do not receive proper care, and patients at risk due to their wandering tendencies.

Helga Carltonis is a CNA (certified nursing assistant) at St. Mary's. She described a patient that she observed as increasingly isolated, hopeless, and despondent, and who counts on St. Mary's for care and safety.

Rob Eshelman is legislative aide for Supervisor Matt Gonzalez. He spoke about the Supervisor's views generally concerning Proposition Q, and St. Mary's failure to notify properly the Commission. Mr. Eshelman stated that as private hospitals make cuts, the need for health care grows, and the impact on SFGH increases. He asked the Commission to take steps to minimize the impact of the program closures. He also spoke about a proposed ordinance that would add an enforcement mechanism to Proposition Q.

Sheila O'Neill, a nurse at St. Mary's, spoke about St. Mary's patients with AIDS-related dementia. She stated that St. Mary's is no longer offering a separate, locked unit for these patients' safety. In addition, Ms. O'Neill stated these patients now housed in the SNF Unit, are at risk and place other patients at risk.

Nancy Borsocchini is a staff nurse at St. Mary's skilled nursing care unit, into which the AIDS-dementia unit was incorporated. She stated that wanderguard alarm bracelets and anklets now have to be used for patients who were formerly in a secure unit. Ms. Borsocchini told the Commission that one day the alarms went off 28 times in one hour. She further stated that there is not enough staff to watch these patients on Saturday evening and Sunday.

Ray Castro, R.N. at St. Mary's, worked at the medical-psychiatric Unit for 15 years, and opened the AIDS-dementia unit about ten years ago. He stated that these patients need specialized treatment and staff.

Fred Seavey, SEIU, Local 250, regrets the contraction of health care in recent years. He urges St. Mary's to work with the City, employees, and unions to ensure that St. Mary's patients have access to the health care that they need.

Lisa Cohn, Ph.D., spoke concerning the closure of the Adult Psychiatric Partial Hospitalization and After Care Intensive Outpatient programs at SMMC. She wants the patients to stabilize, increase their functioning, and live the highest quality of life at the lowest level of care. Dr. Cohn is concerned about the psychological impact of repeatedly disrupting patients' services for this patient population.

Nora Roman, Emergency Coalition to Save Public Health, stated that non-profit hospitals should serve the community. She stated that the standard for charity care nationwide is 3%, but that Catholic Healthcare West devotes less than 1% of its gross revenue to charity care. She was opposed to the St. Mary's closures.

Mary Ellen Deignan is a 30-year employee at St. Mary's Hospital. She described examples of where the closures increase the need to find proper placement for the patients.

Dr. Katz's Comments

Dr. Katz described the value of Proposition Q public hearings and Commission debate to evaluate different ideas. He stated that closing the Radiation Oncology Unit may have a positive impact for public health. Dr. Katz suggested that regionalizing expensive equipment purchases, such as a linear accelerator, health care institutions are able to spend more money locally for the types of services that people need more frequently and closer to patients' homes.

Commissioners' Comments

- Noted that Proposition Q concerns not only program closures, but also assesses the impact of reducing or eliminating services provided. Need to ensure an opportunity for public dialogue in advance of closures or reductions, as envisioned by Proposition Q.

- Acknowledged Mr. Steele's apology concerning St. Mary's failure to notify the Commission properly, but stated that St. Mary's lack of proper notification is not tolerable. Noted that this is not the first time that St. Mary's notification had been late; the Commission's 1998 resolution (#23-98) concerning another St. Mary's Medical Center program closure stated that St. Mary's failure to provide proper notice was isolated, and that the Commission could count on St. Mary's compliance in the future

- Expressed concern about the safety of patients and quality of care during the transfer period

- Noted the City's contract with the St. Mary's AIDS-Dementia Unit, and the public testimony concerning St. Mary's not providing these patients with proper care and safety due to downsizing. There are sharp differences between the testimony of St. Mary's officials and public comment by St. Mary's clinical staff. Need to ensure that patients are provided appropriate clinical services and are kept safe, and that the facts concerning patient care and safety are reported correctly to the Commission

- Requested St. Mary's and the Department to provide the Commission, for the Commission meeting of April 3, 2001, with a Monitoring Report concerning the level of care, safety, and other issues concerning patients from St. Mary's AIDS-Dementia Unit, and on the issue of governance

- President Guy requested an update from Mr. Steele regarding the care and safety of patients moved from the St. Mary's AIDS-Dementia Unit to the SNF Unit. She also requested Mr. Rose, a representative of St. Mary's, to update the Commission on changes to, and the new role of, the Community Advisory Council. Mr. Steele and Mr. Rose agreed to the request.

- Identified the need to update realistic options related to continuity of patient care and quality of care; and be certain that patients can reasonably access new services

- As clinical programs are transferred, need adequate transportation for elderly and frail patients to get from medical campus to campus

- Commissioner Jackson requested a report on charity care statistics from Mr. Rose. Mr. Rose agreed to this request

- President Guy requested that Mr. Rose separate charity care from community benefits. Mr. Rose agreed to this request.

- Raised the need to ensure viability of hospitals in San Francisco

Action Taken: The Commission will further consider this item at the next meeting.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

9) CLOSED SESSION

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

None.

B. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

Action Taken: The Commission voted to hold a closed session.

The Commission went into closed session at 6:50 p.m.

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

PROPOSED SETTLEMENT OF $125,000 IN SARONA COLLINS ET AL V. U.C. REGENTS AND CCSF, SUPERIOR COURT CASE NO. 309-463

Action Taken: The Commission came out of closed session at 7:10 p.m.

D. **RECONVENE IN OPEN SESSION:**

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTIONS 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

   Action Taken: The Commission approved the settlement of $125,000.

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).**

   Action Taken: The Commission voted not to disclose any discussions held in closed session.

The meeting was adjourned at 7:20 p.m.

Arthur R Greenberg

Arthur R. Greenberg
Interim Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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Department of Public Health

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
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Harrison Parker, Sr., D.D.S.
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Commissioner

John L. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Arthur R. Greenberg
Interim Executive Secretary

Tel. (415) 554-2666
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Web Site: ***http//www.dph.sf.ca.us***

3/01

AGENDA

HEALTH COMMISSION MEETING

April 3, 2001
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE BUDGET COMMITTEE OF THE COMMISSION AT WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF MARCH 20, 2001**

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **DPH-Central Office** – Request for approval to transfer the title of the property located at 50 Raymond Street from the Department of Public Health to Visitacion Valley Community Center.
** Calendaring request report*

(3.2) **CHN-SFGH Radiology** – Request for approval of a contract modification with The Registry Network, Inc., to provide intermittent, as-needed, seven day a week on-call, professional radiology technologists, in the amount of $270,000, increasing the contract from $173,600 to $443,600, for the existing contract period of July 1, 2000 through June 30, 2001. (DPH contracted with Registry Network for services totaling $526,067 during FY 1999-2000).
** Calendaring request memo, Monitoring report summary*

(3.3) **CHN-Office of Managed Care** – Request for retroactive approval of a contract modification with the Regents of the University of California, San Francisco (UCSF), to increase the contract from $1,700,000 to $2,200,000 and modify the start date to begin three (3) months earlier, for the period of April 1, 2000 through June 30, 2001, to reflect the effective date of the dissolution of UCSF Stanford Health Care. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-2000).
** Calendaring request memo, Monitoring report summary*

(3.4) **PHP-Housing & Urban Health/Mental Health** – Request for approval of a new contract with Page Street Guest House, in the amount of $1,470,025 to provide residential care facility services targeting difficult to place clients referred primarily by SFGH and Mental Health Rehabilitation Program, for the period of February 1, 2001 through June 30, 2002.
** Calendaring request memo*

(3.5) **PHP-Bureau of Environmental Health Management** – Request for approval of a retroactive new contract with the San Francisco League of Urban Gardeners (SLUG), in the amount of $87,047, to identify strategies for improving access to nutritious food in the Bayview Hunters Point community and to provide job training and youth interns in the community, for the period of January 1, 2001 through June 30, 2002.
** Calendaring request memo*

(3.6) **PHP-Bureau of Environmental Health Management** – Request for approval of a modification to the contract with Romic Environmental Technologies to increase the dollar amount by $400,000 for a total revised contract amount of $600,000, to provide hazardous waste removal, transportation and disposal services, for the period of July 1, 2000 through June 30, 2002.
** Calendaring request memo*

(3.7) **AIDS Office** – Request for approval of a new sole source contract with Harm Reduction Coalition in the amount of $118,000 to provide harm reduction training services to community-based organizations that provide HIV prevention services, for the period of April 1, 2001 through December 31, 2001.
** Calendaring request memo*

4) FOR DISCUSSION: DIRECTOR'S REPORT

(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) IN COMMEMORATION OF PUBLIC HEALTH WEEK:

FOR DISCUSSION: **RECOGNITION OF INNOVATIVE PUBLIC HEALTH PROGRAM: DIRECT ACCESS TO HOUSING, AND UPDATE FROM HOUSING AND URBAN HEALTH DIVISION**
**Update*

FOR DISCUSSION: **PRESENTATION OF THE ANNUAL DATA REPORT: OVERVIEW OF POPULATION BASED HEALTH STATUS OF SAN FRANCISCO**
**Report*

6) **PROPOSED ACTION:** **CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE CLOSURES AT ST. MARY'S MEDICAL CENTER WILL OR WILL NOT BE DETRIMENTAL TO THE HEALTH SERVICE OF THE COMMUNITY**
**Resolution*

7) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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/3/01

HEALTH COMMISSION

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, April 3, 2001
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 3:05 p.m.

Present:	President Roma P. Guy, M.S.W. Commissioner Arthur M. Jackson Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D. Commissioner John I. Umekubo, M.D.
Absent:	Vice President Edward A. Chow, M.D. Commissioner Lee Ann Monfredini

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 20, 2001

Action Taken: The Commission adopted the minutes of March 20, 2001.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **DPH-Central Office** – Request for approval to transfer the title of the property located at 50 Raymond Street from the Department of Public Health to Visitacion Valley Community Center.

(3.2) **CHN-SFGH Radiology** – Request for approval of a contract modification with The Registry Network, Inc., to provide intermittent, as-needed, seven day a week on-call, professional radiology technologists, in the amount of $270,000, increasing the contract from $173,600 to $443,600, for the existing contract period of July 1, 2000 through June 30, 2001. (DPH contracted with Registry Network for services totaling $526,067 during FY 1999-2000).

(3.3) **CHN-Office of Managed Care** – Request for retroactive approval of a contract modification with the Regents of the University of California, San Francisco (UCSF), to increase the contract from $1,700,000 to $2,200,000 and modify the start date to begin three (3) months earlier, for the period of April 1, 2000 through June 30, 2001, to reflect the effective date of the dissolution of UCSF Stanford Health Care. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-2000).

(3.4) **PHP-Housing & Urban Health/Mental Health** – Request for approval of a new contract with Page Street Guest House, in the amount of $1,470,025 to provide residential care facility services targeting difficult to place clients referred primarily by SFGH and Mental Health Rehabilitation Program, for the period of February 1, 2001 through June 30, 2002.

(3.5) **PHP-Bureau of Environmental Health Management** – Request for approval of a retroactive new contract with the San Francisco League of Urban Gardeners (SLUG), in the amount of $87,047, to identify strategies for improving access to nutritious food in the Bayview Hunters Point community and to provide job training and youth interns in the community, for the period of January 1, 2001 through June 30, 2002.

(3.6) **PHP-Bureau of Environmental Health Management** – Request for approval of a modification to the contract with Romic Environmental Technologies to increase the dollar amount by $400,000 for a total revised contract amount of $600,000, to provide hazardous waste removal, transportation and disposal services, for the period of July 1, 2000 through June 30, 2002.

(3.7) **AIDS Office** – Request for approval of a new sole source contract with Harm Reduction Coalition in the amount of $118,000 to provide harm reduction training services to community-based organizations that provide HIV prevention services, for the period of April 1, 2001 through December 31, 2001.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Mitchell H. Katz, M.D., Director of Health)

POPULATION HEALTH AND PREVENTION

Problem Gambling Media Campaign

The Chinese Community Problem Gambling Project, a project of NICOS Chinese Health Coalition, is launching a media campaign to tackle the issue of Chinese American problem gambling. The

Board of Supervisors initially funded the project with strong advocacy from Supervisor Mabel Teng. Through June, television, radio and newspaper ads will appear in Chinese language media asserting that "when one person is addicted to gambling, the whole family suffers". The project, the first of its kind in the United States, includes counseling, advocacy and outreach services, in response to a study that found that nearly 70% of the City's Chinese American adults consider gambling to be a problem in their community.

STOP Red Light Running Campaign

The STOP Red Light Running Campaign takes a new approach this month, encouraging drivers to put red light wait time to good use. The full campaign will be rolled out on billboards, street signs, promotional items, and a new web site, all announcing the same message: "Stop at the red. You'll only kill a few seconds." The STOP Red Light Running Campaign represents a collaboration of the Department of Parking and Traffic, the Police Department and the Department of Public Health (Community Health Promotion and Prevention) to increase safety on the streets of San Francisco. Take the Safe Driving Pledge at www.redlightrunning.org.

Stop for Kids Safety Week

Stop for Kids Safety, an organization started by Marie and Ozzie Williams in memory of the death of their son Robert Davenport from an unsafe driver, continues its 9th annual Stop Light Walk/Run/Ride for Safety April 7th.

Mayor Brown proclaimed the second week of April as **"Stop for Kids Safety Weeks."** The event begins this Saturday at Bayview Park, 9:00 a.m. (Third and Keith Streets) and ends at Candlestick Park where trees are planted and again will be planted for the victims of traffic accidents. Representatives of the Department of Public Health, along with elected officials and other City agencies, will join the community in this fight for safety on our streets. For additional information contact Marie Williams (207-2409), Ismael Birch (553-1962) or Leah Shahum (431-2453 #2).

COMMUNITY HEALTH NETWORK

Videoconferencing Interpretation Pilot

The Community Health Network (CHN) is participating in a Videoconferencing Medical Interpretation (VMI) project with Health Access and Highland Hospital Medical Center. The goal of the project is to develop medical interpretation services for limited English speaking patients provided through videoconferencing.

The pilot began at SFGH's General Medicine Clinic offering services in the two most frequently requested languages requiring translation services, i.e., Spanish and Cantonese. A dedicated quiet room was located for interpreters to deliver language services over the VMI application to assure patient confidentiality. The patients are happy with the quick access to an interpreter and the providers have stated that the VMI application gives a clear image with quality audio that is very easy to use. Several additional languages will soon be added to the pilot project. In late April, the pilot will be expanded to Laguna Honda Hospital.

Forensic AIDS Home-base Project

The Forensic AIDS Project of Jail Health Services is pleased to welcome Home-base, part of a three-year demonstration project which targets HIV positive prisoners. Jail clients who consent to participate in the Home-base study will be randomized into two groups. Group One will receive "Standard of Care" which means they will receive in-jail case management services from the Forensic AIDS Project. Home-base staff will offer Group Two, enhanced case management;

individual substance abuse counseling and group health education. The Home-base staff will continue to provide services when the prisoner is released from custody, plus three months of housing and money management. The Forensic AIDS Project clinical staff is responsible for making referrals to the program. This program will be very helpful in assessing the wrap around service needs of this population.

Conference on Chinese-American Elders

A one-day conference, Enhancing Clinical Understanding and Communication with Chinese-American Elders will be held on April 7th at Laguna Honda Hospital. The Stanford Geriatric Education Center, Laguna Honda Hospital, and the American College of Traditional Chinese Medicine will present the program. The intended audience includes physicians, nurses, social workers, licensed acupuncturists and other healthcare professionals who work with Chinese-American elders. For more information please call the Stanford Geriatric Education Center at 650- 723-7063.

5) IN COMMEMORATION OF PUBLIC HEALTH WEEK:

RECOGNITION OF INNOVATIVE PUBLIC HEALTH PROGRAM: DIRECT ACCESS TO HOUSING, AND UPDATE FROM HOUSING AND URBAN HEALTH DIVISION

Representatives from the Department's Housing and Urban Health (HUH) Section delivered a presentation to the Commission related to the written "Report to the Health Commission, April 3, 2001," (Attachment A). The mission of the Housing and Urban Health Section is to promote stability and wellness among people living with poverty, homelessness, and multiple health problems, through respectful healthy services, advocacy and housing

Mark Trotz, Director of the Housing and Urban Health Section, provided an overview of the section's organization. He then spoke about housing activities within HUH, and categorized in three types of housing: short-term stabilization; transitional housing; and permanent housing. Mr. Trotz stated that the Department has approximately 40 contracts for a total of 1120 housing slots. HUH is active in several other housing policy areas, including improving the health and safety in private SRO facilities, and expanding the Department's master-leasing of entire SRO hotels. Mr. Trotz identified recent accomplishments of HUH, which include: opening the Ark House transitional housing facility for homeless lesbian, gay, bisexual, transgender, queer and questioning young adults; master-leasing the 91 unit SRO LeNain Hotel for homeless seniors; and developing Autumn Glow, a 15 bed residential care facility for elderly people with Alzheimer's and other forms of dementia. Mr. Trotz also identified other housing projects in development, including: master-leasing the 34-bed Broderick Street residential care facility, which will provide long term care for clients who have been difficult to place due to medical complications and/or behavior issues; and finalizing negotiations for two new master-lease hotels that will provide a total of 105 new SRO units.

Joshua Bamburger, M.D., Medical Director of HUH, discussed urban health activities. In particular, he spoke about housing as an important health component, and integrating medication adherence therapy into housing facilities. Dr. Bamburger identified: Action Point, a street-based store front project that provides social support and nursing services to assist HIV infected urban poor to adhere to highly active antiretrovial therapy; Action Point Bayview, the second Action Point Project; the Soft Tissue Infection initiative, and the Heroin Overdose Prevention project.

Commissioners' Comments

- Asked about clean up and other preparations for master-leases. [On this point, Dr. Katz noted the value of renovations and master-leasing. He stated that from the neighbors' point of view, the Department has eliminated a place of heavy drug usage and has maintained property values, while the City receives a cost-effective source of housing, without resorting to bond measures or capital acquisitions.]

- Agreed that the Department and Housing and Urban Health have been successful in providing healthcare and comprehensive services to stabilize the health status of patients.

- Agreed that integration of housing and health was encouraging and exciting, and asked how HUH handles people who may be unable to transition.

- President Guy recognized HUH's good work, and Mr. Trotz's leadership. In response to a question on current challenges, Mr. Trotz said that finances to maintain current budget will be the main challenge because of the low reimbursement rates for community-based care.

PRESENTATION OF THE ANNUAL DATA REPORT: OVERVIEW OF POPULATION BASED HEALTH STATUS OF SAN FRANCISCO

Randy Reiter, from the Department's Community Health and Epidemiology Control Section, presented before the Commission. He discussed the Department's report, "Overview of Health, Public Health Week, April 2 – 6, 2001." According to Mr. Reiter, the Report is widely distributed and freely available on web and hard copy. It is approximately 50 pages, and may be downloaded from www.dph.sf.ca.us, or may be obtained through the Planning Office, Population Health and Prevention, San Francisco Department of Public Health, 415-255-3470.

The Report is divided into three sections. "Who We Are" provides a demographic view of the age an ethnic distribution of San Francisco's population. "How We Live" presents information on conditions that are known to be major determinants of health in populations, including poverty, socioeconomic conditions, air pollution, crime, substance abuse, and risky behaviors. "Our Health" addresses major physical and mental health outcomes.

This year's overview includes the latest data available about important aspects of health and well being of our population. In addition, it contains information about the major conditions that contribute to the patterns of health, illness, and injury in San Francisco. The Report illustrates disparities across groups, determinants of ill health, trends over time, comparisons to state or national levels or national standards, and includes measures of premature deaths or disability.

Mr. Reiter called the Commission's attention to two particular areas. He discussed Disability Adjusted Life Years (DALY), a measure of the overall burden of disease and injury in a population. According to the Report (page 28), the measure allows health evidence to be used to estimate the largest contributors to reduced years of healthy life due to disease, injury, disability, and death. Mr. Reiter also highlighted the prevalence of serious mental illness (page 45). He stated that San Francisco's rate of almost 8% is believed to be underestimated, but is one of the highest among California counties.

The Commission thanked Mr. Reiter for the staff's work and for his presentation. Commissioners supported the direction of data driven information that can be used to set priorities for DPH and community-based health programs.

6) CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE CLOSURES AT ST. MARY'S MEDICAL CENTER WILL OR WILL NOT BE DETRIMENTAL TO THE HEALTH SERVICE OF THE COMMUNITY

This item was a continuation of the Proposition Q discussion that occurred during the previous Health Commission meeting on March 20, 2001.

Margine Sako, Director of Community Relations at St. Mary's and St. Francis Hospital, introduced other St. Mary's representatives who spoke at various points during the hearing. These representatives were: Ken Mills, M.D., Director of HIV Services; Sister Timothy Gallagher, Manager of the Skilled Nursing Facility (SNF) Unit; Shareen Salem, Executive Director of In-Patient Nursing Services; and Brother George Cherrie, Director of Mission Services, Spiritual Care are Community Services.

James Loyce, Deputy Director of Health for AIDS Programs, highlighted points from a letter (March 30, 2001) that the Department sent to the Health Commission concerning the St. Mary's Medical Center AIDS Dementia Unit. (Attachment B). According to the letter and Mr. Loyce's testimony, the DPH AIDS Office conducted a site visit to St. Mary's AIDS Dementia Unit (ADU) to investigate allegations made during public comment at the Health Commission Meeting of March 20, 2001. The concerns focused on quality of care, staff training and qualifications, and ADU patient capacity.

During his presentation, Mr. Loyce:

- Discussed the issue of wandering patients and wanderguards on the ADU. He stated that St. Mary's was trying to make the ADU patients feel more at home in their new surroundings, and thereby reduce wandering tendencies, by moving artwork and other familiar items from the old unit to the present unit;

- Stated that the ADU patients and the other patients in the SNF Unit should not pose risks to each other;

- Identified a one-day training session for the SNF staff on "Caring for Patients with AIDS Dementia." In addition, Mr. Loyce stated that there was a three week period of side-by-side work for the ADU staff working with SNF staff, although one nurse reported that this may not have been effective;

- Stated that the DPH AIDS Unit will make an unannounced site visit within 30 days to assess quality of care, and will meet with the California Nurses Association on this issue. Mr. Loyce stated that he will report back to the Commission after the site visit; and.

- Stated that, due to treatment advances, there is less need today for AIDS dementia beds. He further said that St. Mary's staff is willing to work with the AIDS Office if the need for this type of bed increases. [In response to a question by Commissioner Jackson concerning ADU capacity, Dr. Katz replied that DPH does not anticipate that DPH will ever need more than eight beds.]

Public Comment

Allen Fitzpatrick serves as a R.N. at St. Mary's and is active in the California Nurses Association. He was concerned that the site visit was conducted on a weekday; when the recreational therapist was on duty, and that the DPH report relies almost exclusively on meetings with management, with minimal input from staff nurses. He advocated for improved staffing and improved union security.

Jane McDonald is a California Nurses Association representative at St. Mary's. She stated that the nurses on both the units want to be sure that patients are cared for safely, but they do not believe that staffing is adequate. She raised issues concerning admission criteria, safety of wandering patients, and the safety of non-wandering patient.

Sheila O'Neill (presenting for Ray Castro) spoke about the care provided to the patients in the past, but is concerned about the care and safety provided within the eight bed AIDS Dementia Unit today. .

Nancy Barsochini is a nurse on the St. Mary's SNF unit. She identified the help and preparations that were made for Commissioner Jackson's noon visit that day. She stated that patients had wandered off the Unit has lost patients for the third day in a row. Ms. Barochini stated that the alarm sounded 121 times the day before the Commission hearing. She asked for one additional certified nursing assistant per shift.

Shun Cheung is a nurse in the St. Mary's SNF. She stated that administrators need to better design the SNF floor to accommodate the AIDS dementia patient and to maintain a secure environment.

Neila Rodriques has been with St. Mary's for 16 years. She stated that there has been a significant increase in responsibility on the SNF Unit since the introduction of the AIDS patients. Ms. Rodriques said that there is not enough staff to restrict wandering patients.

Additional Discussion

In response to public comment, Dr. Ken Mills stated that St. Mary's maintains written admission criteria, and described the referral and admissions process. He stated that the unit has maintained its previous staffing level. In response to a question by President Guy, Dr. Mills stated that he believed that some staff have not "bought into" caring for the new patients.

In response to a question posed by Commissioner Jackson, Sister Timothy Gallagher stated that the nursing staff was not upgraded during Commissioner Jackson's visit. Brother George Cherrie stated that St. Mary's "did not put up a show" during Commissioner Jackson's visits.

President Guy noted that there are substantial programmatic and training issues concerning the ADU, and asked whether the move from secure to a non-secure unit has made a difference on SNF Unit.

Shareen Salem stated that staffing has not decreased. She noted that nurses could have been prepared better, and that she will do another skill check with nurses and identify other classes that they may need. Ms. Salem said that it has been only been three weeks since the move, and that it takes find to discover the issues and concerns. She stated that the move has affected the Unit because it was not used to alarms, but that the patients seem content.

Barry Lawlor, St. Mary's Director of Community Health Services, replied to several questions from the Commissioners concerning patient care and patient service. He stated that St. Mary's has made impressive gains in clinic waiting areas, and that the geographic mix of St. Mary's will not change.

Commissioner Jackson described his visit that day to the ADU. He stated that:

- two patients were having lunch, the other four were in bed
- the unit appeared clean and bright
- the alarm system not sufficiently secure
- there is a need to address the security aspect of eight beds
- staffing appeared excellent that day, with people helping others
- if need exceeds eight, there is not extra space

Commissioner Sanchez commented that these hearings should have taken place before the fact, rather than in increments after the fact.

The Commission then considered the proposed resolution No. 7-01 "Determining Whether the Closure of Certain programs at St. Mary's Medical Center Will or Will Not Have a Detrimental Impact On Health Care Service of the Community."

President Guy stated that these are not questions of admonishing or condemning St. Mary's, but rather the nature of the impact of the closure.

The Commissioners made no comments concerning any of the "Whereas" clauses in the proposed resolution.

Action Taken:

The Commission considered each Resolved clause of the proposed resolution separately. Four votes are needed for passage. Commissioner Umekubo abstained from participation due to a conflict of interest.

- On the motion "Resolved, that the closure of St. Mary Medical Center's Adult Partial Hospitalization Program will have a detrimental impact on the health care service of the community," three Commissioners (Guy, Jackson, and Sanchez) voted aye, one Commissioner (Parker) voted no. The motion did not pass.

- On the motion "Further Resolved, that the closure of St. Mary Medical Center's Outpatient Psychology Clinic will have a detrimental impact on the health care service of the community," four Commissioners (Guy, Jackson, Parker, and Sanchez) voted aye, none voted no. The motion passed.

- On the motion "Further Resolved, that the closure of St. Mary Medical Center's Outpatient Pediatric Clinic will not have a detrimental impact on the health care service of the community," three Commissioners (Guy, Jackson, and Sanchez) voted aye, one Commissioner (Parker) voted no. The motion did not pass.

- On the motion "Further Resolved, that the closure of St. Mary Medical Center's Radiology Oncology Unit will not have a detrimental impact on the health care service of the community," four Commissioners (Guy, Jackson, Parker, and Sanchez) voted aye, none voted no. The motion passed.

- On the motion "Further Resolved, that the closure of St. Mary Medical Center's Medical-Psychiatric Unit will have a detrimental impact on the health care service of the community," four Commissioners (Guy, Jackson, Parker, and Sanchez) voted aye, none voted no. The motion passed.

- On the motion "Further Resolved, that the relocation of St. Mary Medical Center's AIDS Dementia Care (ADC) services to St. Mary's skilled nursing facility (SNF) will have a detrimental impact on the health care service of the community," four Commissioners (Guy, Jackson, Parker, and Sanchez) voted aye, none voted no. The motion passed.

- After further discussion and reconsideration, on the motion "Resolved, that the closure of St. Mary Medical Center's Adult Partial Hospitalization Program will have a detrimental impact on the health care service of the community," four Commissioners (Guy, Jackson, Parker, and Sanchez) voted aye, none voted no. The motion passed.

- After further discussion and reconsideration, on the motion "Further Resolved, that the closure of St. Mary Medical Center's Outpatient Pediatric Clinic will not have a detrimental impact on the health care service of the community," four Commissioners (Guy, Jackson, Parker, and Sanchez) voted aye, none voted no. The motion passed.

- On the motion "Further Resolved, that the Commission may consider or endorse legal or legislative action to ensure compliance with, and public confidence in, Proposition Q," four Commissioners (Guy, Jackson, Parker, and Sanchez) voted aye, none voted no. The motion passed.

The resolution approved by the Commission may be found at Attachment C.

6) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 6:40 p.m.

Arthur R Greenberg

Arthur R. Greenberg
Interim Executive Secretary to
the Health Commission

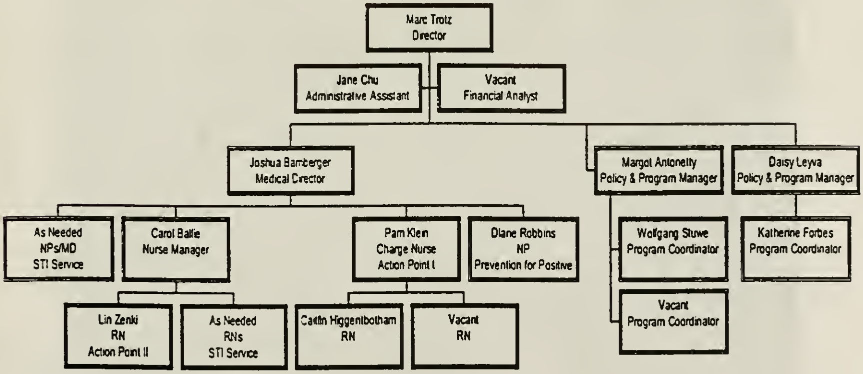
Attachment (3)

HOUSING AND URBAN HEALTH SECTION
OF THE
DIVISION OF POPULATION HEATLH AND PREVENTION

REPORT TO THE HEALTH COMMISSION
April 3, 2001

I. Housing and Urban Health's Mission Statement and Organizational Chart

The mission of the HUH section is to promote stability and wellness among people living with poverty, homelessness, and multiple health problems, through respectful health services, advocacy and housing.


Marc Trotz
Director
Jane Chu
Administrative Assistant
Vacant
Financial Analyst
Joshua Bamberger
Medical Director
Margot Antonetty
Policy & Program Manager
Daisy Leyva
Policy & Program Manager
As Needed
NPs/MD
STI Service
Carol Ballie
Nurse Manager
Pam Klein
Charge Nurse
Action Point I
Diane Robbins
NP
Prevention for Positive
Wolfgang Stuwe
Program Coordinator
Katherine Forbes
Program Coordinator
Lin Zenki
RN
Action Point II
As Needed
RNs
STI Service
Caitlin Higgenbotham
RN
Vacant
RN
Vacant
Program Coordinator

II. The Integration of the Housing Section and Urban Community Health

Under the leadership of Barbara Garcia, the two sections of Housing and Urban Community Health within PHP merged in December 2000 to create the new section of Housing and Urban Health (HUH). The joining of these two groups provides administrative efficiencies, and more importantly, the ability to deliver integrated and more complete services to our target population -- homeless and poor people.

Given the shared mission and breadth of experience, staff from both sections see many areas in which further innovation and improvement are possible. For example, in our housing programs, we have long felt there must be more efficient and effective approaches for delivering and/or linking residents up to medical services. While we were able to get intermittent advice from other sections within the Department, we now have the expertise and staff to plan for and implement this important task. Similarly, many of the clients who utilize the innovative services developed by Urban Community Health, such as Action Point HIV Adherence Programs, should be linked to housing as a primary step toward reaching greater stability and improved health status. Having these programs under the same roof will greatly facilitate that linkage.

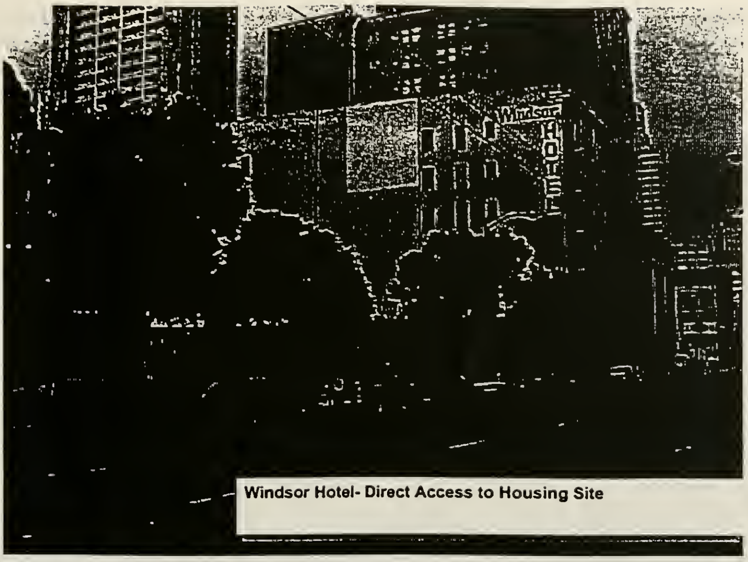
III. Housing Activities

Overview

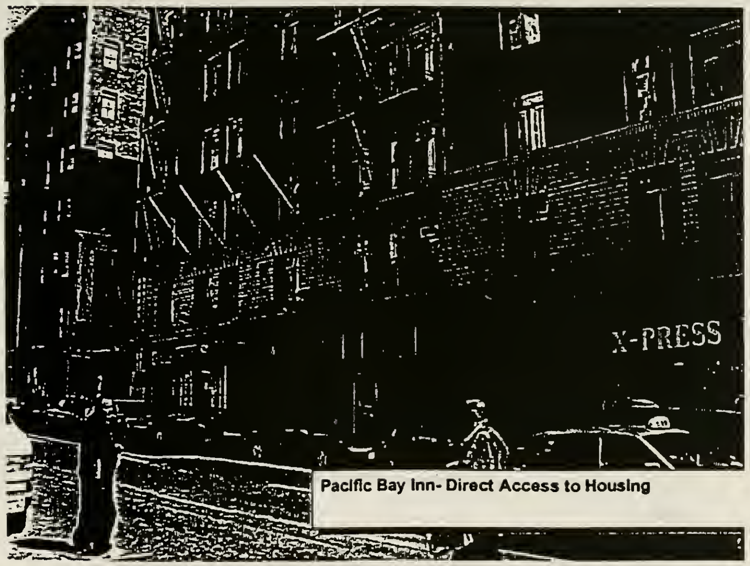
Housing activities within HUH are continuing at a fast pace. At this point in time we have approximately 40 contracts for a total of 1,120 housing slots. The housing programs fall into the major categories included in the chart below:

	# of Beds/Units/Slots	Unduplicated Clients	DPH Cost
Short-term Stabilization	96	1,152	$818,400
Transitional Housing	98	215	$2,559,229
Permanent Housing	926	1,081	$9,712,650
Total	1,120	2,448	$13,090,279

In addition to the development and management of actual housing units, HUH is active in several other housing policy areas. HUH is working very closely with two neighborhood-based collaborations (the Mission SRO Collaborative and the Chinatown SRO Collaborative) aimed at improving the health and safety conditions in private SRO housing. Just recently, through the work of PHP's Deputy Director, Maria Martinez, these collaborations have begun to expand their focus to address the issue of families living in SROs.

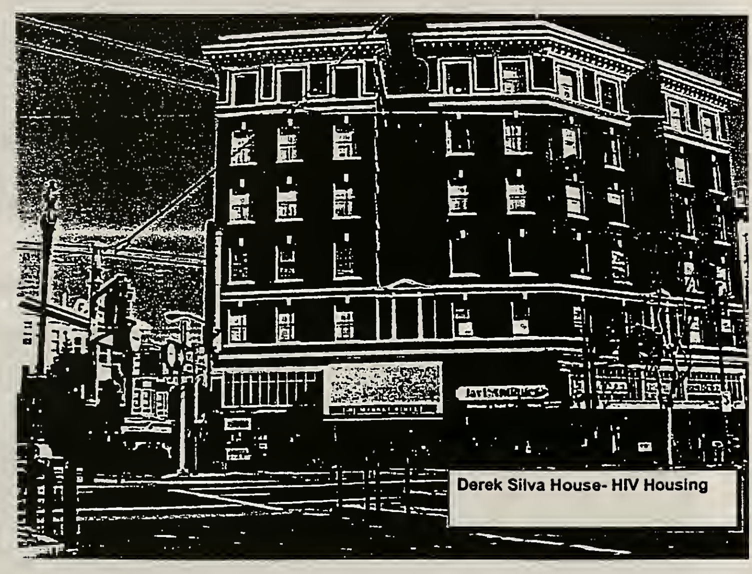


Windsor Hotel- Direct Access to Housing Site



Pacific Bay Inn- Direct Access to Housing

HUH is also currently in the process of expanding its role in managing access to housing resources. As reported last year, HUH began playing a significant access management role as part of our Direct Access to Housing program. Through this program, HUH has been master-leasing entire SRO hotels and managing access through specified points within the public health system. To date, three hotels have been leased totaling 260 units. Building on this experience, HUH is in the process of taking over the management of the HIV/AIDS Housing Waitlist that has been contracted out for the last four years. Our management of the waitlist will begin on July 1, 2001 and includes managing access to approximately 1,000 housing slots divided up into 19 different programs. There are roughly 4,000 people with HIV/AIDS on the waitlist.


Derek Silva House- HIV Housing

Additionally, HUH staff are involved in several planning efforts geared toward reducing reliance on institutional care. These activities include participation on the city-wide Long-term Care Committee, the Mental Health Forum, Bridge Committee, Assisted Living Planning for Laguna Honda Campus, and technical assistance to sections through DPH regarding community-based housing options.

Recent Accomplishments
The following is a list of some recent housing accomplishments of the HUH section:

- The Ark House/LGBTQQ Transitional Housing Facility

In March of 2001, the Ark House opened its doors to homeless lesbian, gay, bi-sexual, transgender, queer and questioning young adults (age 18-23). This was a two year effort which resulted in a beautifully renovated facility at 2500 Market Street. The Ark House has the capacity for 15 young residents with each person staying for approximately 3-6 months. The program is operated by the Ark of

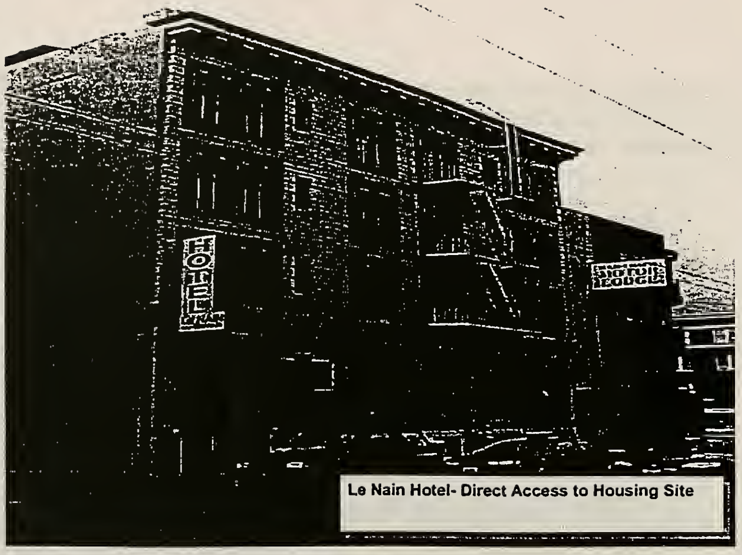
Refuge. The project was marked by much controversy but through the hard work of community members, Supervisor Leno's Office, Dr. Katz, Margot Antonetty, and many others, the project is off to a wonderful start.

CITY ATHLETIC CLUB

LGBTQQ Youth Housing- Ark House

- LeNain Hotel

The LeNain Hotel, located at 720 Eddy Street (off Van Ness), is a 91 unit SRO hotel. The third master-leased hotel project for HUH opened in June of 2000 and was developed specifically to house homeless seniors including those who have been living on the streets, in shelters, and residents of LHH capable of living in a supportive housing environment. This project is operated by a partnership that includes Episcopal Community Services and the Northern California Presbyterian Homes and Services.



Le Nain Hotel- Direct Access to Housing Site

- Autumn Glow

Autumn Glow is a new 15 bed Residential Care Facility (RCF), located at 654 Grove Street, developed by Self Help for the Elderly. The facility is currently in its rent-up phase and will house elderly people with Alzheimer's and other forms of dementia. The Department's support ensured that all 15 beds of the facility would be available to very-low income persons.

- Stabilization Housing

Given the great need for discharge options for homeless medical and psychiatric patients at SFGH, HUH has developed a new short-term stabilization/respite program. A block of forty SRO units have been rented in a single hotel that provides between three to six weeks of stable housing for patients who would otherwise be discharged to the street. The goal of this program is to provide an additional period of time for someone to further recuperate or stabilize from an acute episode. While this brief stay does not necessary result in long-term housing, it allows for necessary follow-up visits, further case management, and the potential for a more enduring placement.

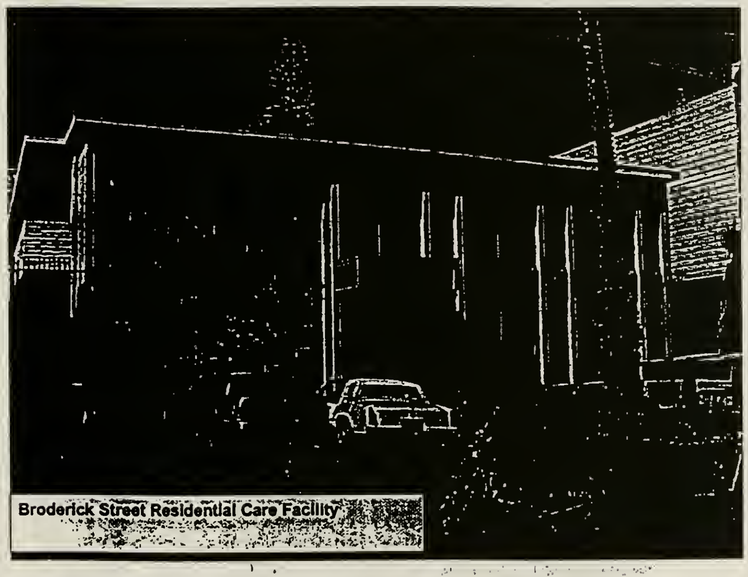
Future Plans

With regards to housing activities, HUH plans to continue to pursue any and all opportunities to increase the availability of community-based alternatives to institutional care. In this tight housing market, adaptability will be the key to our success. Healthy housing can be achieved in a range of settings, including a rented block of rooms, master-leasing of an entire building, adding support services to existing housing, or converting commercial or industrial space into housing.

The following are several housing projects that HUH has in development:

- Broderick Street RCF

This project, located at 1421 Broderick Street, involves the master-leasing of a nursing home that went out of business last July. The master-lease has been approved by the Board of Supervisors. This project will be re-licensed as a Residential Care Facility (RCF) for 34 clients needing long-term care. The program will be operated by Page Street Guest House and Richmond Area Multi Services (RAMS) and will house clients who have been difficult to place due to medical complications and/or behavioral issues. This project will begin housing clients in July 2001.



Broderick Street Residential Care Facility

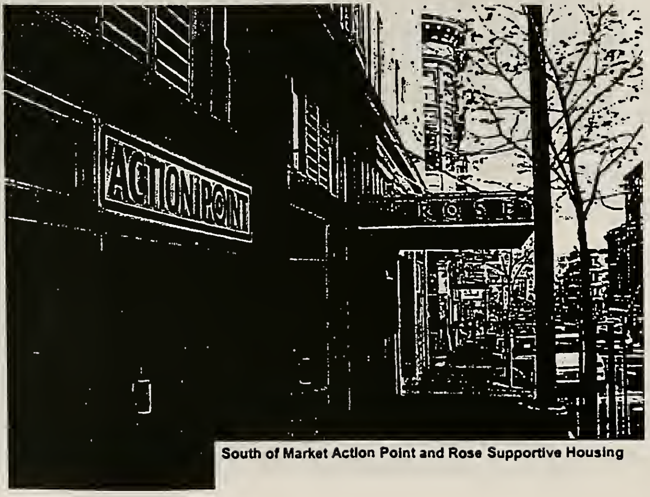
- Two New Master-leased Hotels

  HUH is finalizing negotiations for two hotels that will provide a total of 105 new SRO units. Through a Request for Qualification process, HUH has selected a collaborative that includes Baker Places as the lead agency, along with Tenderloin AIDS Resource Center (TARC), Lutheran Social Services, and the John Stewart Company. These two buildings combine funding from AB2034, CARE, and General Funds to provide stable housing with on-site services for homeless persons with a primary mental health diagnosis as well as housing for chronically homeless people who have HIV/AIDS. While the access will be primarily through mental health (AB2034) and HIV/AIDS service provides due to the funding sources, the reality is that many residents of these two buildings will be multiply diagnosed and will receive a broad range of services needed to gain residential stability and improved health.

IV. Urban Health Activities

Overview

Urban Health functions within HUH focus primarily on innovative programs serving the urban poor, particularly injection drug users. The first program of Urban Health was the HIV Postexposure Prevention (PEP) project. After serving more than 1000 individuals with antiretroviral medications and risk reduction counseling following exposure to HIV, the second NIH funded PEP project is now getting under way. HUH staff will not be involved in PEP II which will be a collaboration between UCSF and the STD Division of the Health Department. The second major program of the Urban Health component is the Action Point Adherence Project. Action Point is a street-based, store front project that provides social support and nursing services to assist HIV infected urban poor to adhere to highly active antiretroviral therapy. The first Action Point, a collaboration with the San Francisco AIDS Foundation, opened in March 1999 in the South of Market District. Action Point South of Market has enrolled over 150 HIV infected urban poor individuals. Over half of the clients enrolled in Action Point/SOMA were sleeping on the streets the night prior to enrollment. At present, less than 10% of the clients sleep on the street. In addition, more than 50% of the AP/SOMA clients have an undetectable viral load. A recent analysis showed that medical hospitalization rates decreased more than 50% for the Action Point/SOMA cohort after enrolling in the program saving the health system more than $60,000 in its first year.



South of Market Action Point and Rose Supportive Housing

Recent Accomplishments

The following is a list of some of the accomplishments of the urban health component of HUH.

Bayview/Hunter's Point Action Point Project

- Action Point Bayview

The second Action Point project opened in the Bayview District in February of this year. This project, in collaboration with the Institute for Community Health Outreach, is funded from the Center for Substance Abuse Treatment to serve 75 HIV+ people living in the Bayview. In addition to HIV medication adherence support, AP/Bayview has funding to support 50 methadone maintenance slots through the Opiate Treatment Outpatient Program of San Francisco General Hospital.

- Soft Tissue Infection Initiative

In an attempt to prevent the occurrence of and reduce the costs from skin and soft tissue infections, HUH supports the provision of medical care at 9 needle exchange sessions each week throughout the city. In addition to urgent care medical services at 6 indoor needle exchange sessions each week, HUH staff, in collaboration with the HIV Prevention section, supports a mobile clinic through its Neighborhood Health on Wheels (N'HOW) project.

- Heroin Overdose Prevention Project

The heroin epidemic continues to take its toll on San Franciscans. To reduce the heroin overdose mortality, HUH staff has been instituting some of the recommendations of the Heroin Committee of the Treatment on Demand Council including a program that works in collaboration with the SAGE project and UCSF to train County Jail inmates in CPR.

- Statewide Policy on HIV PEP after Sexual Assault

With the recent completion of a grant from the State Office of AIDS, HUH staff have produced statewide guidelines on the provision of HIV PEP after sexual assault. These guidelines recommend that all survivors of sexual assault in California receive the same high level of medical care (including antiretroviral medications when appropriate) that is offered to health care workers who are potentially exposed to HIV. The guidelines have been approved by the State Office of AIDS and are awaiting approval from the Director of the California Department of Health and Human Services.

Future Plans

The need for innovative programs to support the health care needs of the urban poor continues to be great. HUH is committed to developing new programs that range from Hepatitis C testing and treatment to overdose prevention and directly observed therapy for HIV treatment.

The following are several medically focused programs that HUH has in development right now:

- Medical Care at Needle Exchanges and at the Mission Resource Center.

HUH is committed to providing medical care at every indoor and outdoor needle exchange site in San Francisco. In addition, HUH will provide urgent care medical services at least three half days a week at the new DHS funded Mission Resource Center located at 16th and Capp.

- Heroin Overdose Prevention

In addition to the CPR training described above, HUH, in collaboration with the HIV Prevention section, has contracted with Better World Advertising to develop an innovative, harm reduction based media campaign to educate active heroin users how to reduce the likelihood of death from heroin overdose. In addition, HUH hopes to contract with the Urban Health Study of UCSF to support a study of naloxone distribution to reduce death due to heroin overdose.

- Trial of Action Point vs. Directly Observed Therapy

In collaboration with UCSF, the staff of HUH is looking forward to a trial that will evaluate the effectiveness of the Action Point project in comparison with daily directly observed antiretroviral therapy. A grant to evaluate Action Point vs. DOT is presently being evaluated by the National Institutes of Mental Health.

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, MD
Director of Health

MEMORANDUM

DATE: March 30, 2001

TO: President Roma Guy, MSW
and Members of the Health Commission

THRU: Mitchell H. Katz, MD
Director of Health

James Loyce, Jr.
Deputy Director of Health for AIDS Programs

FROM: Michelle Long Dixon
Director, HIV Health Services

RE: **St. Mary's Medical Center AIDS Dementia Unit**

The AIDS Office (AO) conducted an emergency site visit to the St. Mary's Medical Center AIDS Dementia Unit (ADU) on Wednesday, March 21, 2001 to investigate allegations made during public comment at the Health Commission meeting on March 20,2001. The site visit team membership consisted of James Loyce, Jr., Deputy Director of Health for AIDS Programs, Michelle Long Dixon, Director, HIV Health Services and Joseph Cecere, HIV Health Services Program Manager.

The concerns expressed at the Health Commission meeting focused on quality of care, staff training and qualifications, and ADU patient capacity. The Commission also asked the AIDS Office to interview Nancy Barsocchini, RN regarding her comments at the meeting on March 20th. This was done on March 26, 2001.

Please find attached the findings of the site review team.

Thank you for your consideration.

Attachment B
Page 1 of 4

Memo - HC (St. Mary's).doc;MK:pH

(415) 554-2600 101 Grove Street San Francisco, CA 94102-4593

Site Visit Report
St. Mary's Medical Center AIDS Dementia Unit

Site Visit

The AIDS Office (AO) site visit team arrived at St. Mary's Skilled Nursing unit on March 21, 2001 to assess for quality of care of AIDS Dementia patients housed there. The team was met by Brother George Cherrie, OFM, Barry Lawlor, Kenneth Mills, MD, Sharon Salem, RN, MPA, Julie Sennimore, MA, and Shirley Tufts, RN, St. Mary's AIDS Dementia Unit Managers/Clinicians.

The AIDS Dementia Unit was previously housed in a distinct, secure unit with its own staff. The decision was made to consolidate the unit with a general skilled nursing unit at Saint Mary's for two reasons. First, the site of the secure unit was in a building that was not seismically safe. Second, the consolidation of the two skilled nursing units offered the opportunity to decrease fixed expenses. Three questions must therefore be answered: 1) Is the use of a non-secure unit appropriate to the clinical situation of the patients; 2) Does the mixing of these two populations pose any risk for either population; 3) Are the staff of the combined unit qualified and appropriately trained to care for both populations.

We attempt to answer each question below:

1) Is the use of a non-secure unit appropriate to the clinical situation of the patients?

Patients who are demented, whether due to AIDS dementia or some other cause, often wander. The goal in the care of wandering patients is to afford them the least restrictive environment (i.e., one that allows them to wander) without endangering themselves. Secure units are ideal since patients can wander the halls without leaving the unit unattended. It should be noted that the prior secure unit of St. Mary's Dementia Unit was not itself ideal as clients could exit when the elevator doors opened. However, to get onto the secure unit an elevator key was needed thus preventing people from coming onto the unit without authorization.

In an open ward like the one that the Dementia unit is now housed in, it is necessary to place wander guards on patients. These are wrist or ankle tags that set off an alarm when a patient walks off the ward. It would be expected that wander guards would go off periodically (otherwise there would be no need for them). On the other hand, if they are going off constantly it suggests that patients are not being successfully redirected often enough and/or are not feeling fully at home on the unit and/or do not have enough protected space to wander.

At the Health Commission hearing, one nurse testified that the wander guard alarms had gone off 28 times in one hour on a Saturday. This is obviously unacceptable behavior. However, the site visit team found no record of that incident. In fact St. Mary's has explicit policy and procedures regarding how, for

Given this, St. Mary's hospital had the obligation to train the traditional SNF staff on the care of AIDS patients with dementia.

In fact, staff were given three opportunities to attend a one-day session(s) on "Caring for Patients with AIDS Dementia" and the staff from the AIDS Dementia Unit (ADU) worked side by side 24hrs, 7 days for 3 and 1/2 weeks. The training manual, the attendance roster and the evaluations were reviewed by the AO and found to be appropriate. Some staff did voice the desire for additional training.

In addition, for a 3-week period, St. Mary's arranged for double staffing (traditional SNF staff with AIDS dementia unit staff) on the ward. However, one nurse reported that the double staffing was not effective because AIDS Dementia Unit staff separately cared for their patients on the combined ward.

Overall assessment of quality of care

The most important indicator of quality of care is whether the needs of patients are being attended to with dignity. At the site visit, we interviewed two patients. When asked about their care and how they were doing both reported they were doing well and were well cared for.

It is not surprising that in the consolidation of these two units, some problems arose. The AIDS Office plans to return to the unit for an unannounced visit in approximately 30 days. At that time, we will be looking for evidence that artwork has been placed and the halls have been painted to mark the unit better. We will also at that time interview staff as to whether frequent episodes of the alarms going off have continued or whether there have incidents of inappropriate care.

Capacity

The ADU capacity at the former location on St. Mary's campus was 16 sixteen beds. In its current location there are 8 eight beds. The decrease was done with AO knowledge and approval Over the last three years (including 00/01) St. Mary's Administrators have negotiated a reduction in units of service and bed capacity. Their requests have come as a result of shrinking demand for ADU service for people living with AIDS Dementia due to the effectiveness of the new antiretroviral medications in preventing and treating AIDS dementia. On March 21st when the site visit team was on the unit there were 4 four patients with one scheduled for discharge to a more appropriate level of care. St. Mary's staff assures us that if the need for additional beds arises they are willing to work with the AO to meet that need whom, when and what to report regarding Wander Guard patients which are on file in the AO. During the two hours that the site team was on the unit no alarms were heard.

The site team learned that, on that particular day when the wander guard alarms were reported to have gone off so often, the unit secretary was out sick and the staffing consisted of 6 licensed professionals (4 Registered Nurses (RN's), 2 Licensed Vocational Nurses (LVN's) and 1 Certified Nurse Assistant (CNA's)) However, an LVN was provided to the unit in place of a CNA, thereby increasing the licensed staff by one.

To address the issue of making AIDS dementia patients feel more at home in their new surroundings, the staff are planning to move art work and other items that the patients were familiar with from the old unit onto the new unit. They also intend to paint the walls and carpet the floors as a reminder to the patients of the space in which they live. With these changes, the site visit team believes that the non-secure unit will work, although unquestionably a secure unit with wander paths (as is being built in the new Laguna Honda Hospital) is the best clinical solution for dementia patients who wander. An alternative, which can be considered if the current situation does not work, is a closed but unlocked door where the unlocking mechanism cannot easily be operated by a person with dementia.

2) Does the mixing of these two populations pose any risk for either population.

In running an SNF the goal is to cohort patients of similar clinical needs. In particular, one usually tries to avoid placing ambulatory patients (such as most patients with AIDS dementia) with non-ambulatory patients (such as those recovering from hip surgery).

When ambulatory and non-ambulatory patients are cohorted together, some problems arise. For example, in interviews with staff, it was learned that on one occasion an ambulatory patient walked in to the room of a non-ambulatory patient who was being changed. This is clearly an issue of dignity, and efforts need to be made to prevent this from occurring.

Patients with AIDS dementia are not generally violent and should not pose risk for other patients. Similarly, the patients normally cared for at St. Mary's SNF ward are not generally violent and should not pose risk for AIDS patients.

3) Are the staff of the combined unit qualified and appropriately trained to care for both populations.

Staff at St. Mary's hospital, like those at DPH facilities, are guaranteed certain rights of reassignment under their labor contracts. In particular, more senior staff has the right to assignments over less senior staff. In the case of the combination of these two units, the staff of the traditional SNF had more seniority than the staff of the AIDS dementia Unit and the staff of the SNF wished to continue working in the newly combined unit.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 7-01

DETERMINING WHETHER THE CLOSURE OF CERTAIN PROGRAMS AT ST. MARY'S MEDICAL CENTER WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

WHEREAS, St. Mary's Medical Center closed its Adult Partial Hospitalization Program on February 25, 2001, which at the time served 10 patients with an additional 27 in the aftercare program; and,

WHEREAS, St. Mary's Medical Center will close its Outpatient Psychology Clinic on June 30, 2001; and,

WHEREAS, St. Mary's Medical Center closed its Outpatient Pediatric Clinic on March 23, 2001; and,

WHEREAS, St. Mary's Medical Center closed its Medical-Psychiatric Unit, which was the only medical-psychiatric unit in the County of San Francisco; and,

WHEREAS, St. Mary's Medical Center closed its Radiology Oncology Unit in March 2001; and,

WHEREAS, St. Mary's Medical Center has committed to appropriate referral of all affected patients and minimizing impact to affected workers; and,

WHEREAS, there exists sufficient capacity to absorb referred patients from the Pediatric Clinic and the Radiology Oncology Unit; and,

WHEREAS, the Department has a contract with St. Mary's Medical Center to provide AIDS Dementia Unit (ADU) services, and that St. Mary's Medical Center recently relocated the ADU program and patients from its secure unit to St. Mary's Skilled Nursing Facility (SNF) Unit, a non-secure unit, and this relocation raises issues of appropriate clinical care and safety of all patients in the SNF Unit; and,

WHEREAS, in 1998, St. Mary's Medical Center failed to provide the required notice to the Commission in compliance with Proposition Q, that the Commission in its Resolution #23-98, "Determining Whether the Closure of the Obstetrics Inpatient Service at St. Mary's Medical Center Will or Will Not Have a Detrimental Impact on Health Care Service of the Community," stated that "… the failure of St. Mary's to give the required notice to the Health Commission in compliance with Proposition Q was an isolated circumstance; and the Health Commission can count on the hospital's compliance in the future;" and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 7-01 (Cont'd.)

WHEREAS, St. Mary's Medical Center acknowledged that it again failed to provide the required notice to the Commission in compliance with Proposition Q; and,

WHEREAS, St. Mary's Medical Center's failure to provide proper notice once more under Proposition Q constricts opportunities for public discourse and possible remedial measures affecting healthcare for the community, and affects the Commission's and the public's perceptions concerning St. Mary's Medical Center's compliance with Proposition Q; and,

WHEREAS, the Health Commission, in accordance with the Health Care Planning Ordinance (Proposition Q), held public hearings on March 20 and April 3, 2001, now, therefore, be it

RESOLVED, that the closure of St. Mary's Medical Center's Adult Partial Hospitalization Program will have a detrimental impact on the health care service of the community; and, be it

FURTHER RESOLVED, that the closure of St. Mary's Medical Center's Outpatient Psychology Clinic will have a detrimental impact on the health care service of the community; and, be it

FURTHER RESOLVED, that the closure of St. Mary's Medical Center's Outpatient Pediatric Clinic will not have a detrimental impact on the health care service of the community; and, be it

FURTHER RESOLVED, that the closure of St. Mary's Medical Center's Radiology Oncology Unit will not have a detrimental impact on the health care service of the community; and, be it

FURTHER RESOLVED, that the closure of St. Mary's Medical Center's Medical-Psychiatric Unit will have a detrimental impact on the health care service of the community; and, be it

FURTHER RESOLVED, that the relocation of St. Mary's Medical Center's AIDS Dementia Unit (ADU) services to St. Mary's Skilled Nursing Facility (SNF) Unit will have a detrimental impact on the health care service of the community; and, be it

FURTHER RESOLVED, that the Commission may consider or endorse legal or legislative action to ensure compliance with, and public confidence in, Proposition Q.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 3, 2001.

Arthur R Greenberg

Arthur R. Greenberg
Interim Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Department of Public Health

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President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Arthur R. Greenberg
Interim Executive Secretary

Tel. (415) 554-2666
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Web Site: *http//www.dph.sf.ca.us*

AGENDA

HEALTH COMMISSION MEETING

April 17, 2001
3:00 P.M.
at
101 Grove, Room 300
San Francisco, CA 94102

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APR 16 2001

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THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 3, 2001.
**Minutes of April 3, 2001*

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) PHP – Housing and Urban Health Services – Request for approval of a new contract with John Stewart Company, in the amount of $1,005,375, to provide property management services and related start-up costs for the new Direct Access to Housing programs at the Star and Camelot hotels, which will provide 105 supportive housing units, for the period of May 1, 2001 through June 30, 2002.
** Calendaring request memo*

(3.2) **PHP – Substance Abuse Services** – Request for approval of Phase I of the implementation of the Proposition. 36 Substance Abuse Crime and Prevention Act, to authorize expenditures of $2.3 million in FY 2000-2001.
** Calendaring request memo*

(3.3) **AIDS Office** – Request for approval of St. Mary's portion of the FY 2001-2002 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 Title I, for the period of March 1, 2001 through February 28, 2002, for Title I programs, in the amount of $1,234,862 consisting of $776,854 for Integrated HIV Health Services and $458,008 for AIDS Dementia Care.

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEES RECOGNITION AWARDS FOR THE MONTH OF APRIL**
**List of Awardees*

6) **DISCUSSION:** **UPDATE ON IMPLEMENTATION OF STRATEGIC PLAN**
**Plan*

7) **FOR DISCUSSION AND PROPOSED ACTION:** **PRESENTATION OF THE HOMELESS CONTINUUM OF CARE PLAN AND CONSIDERATION OF A RESOLUTION IN SUPPORT OF THE PLAN**
**Plan and Proposed Resolution*

8) **FOR DISCUSSION AND PROPOSED ACTION:** **PRESENTATION ON LONG TERM CARE INTEGRATION PILOT PROJECT, AND CONSIDERATION OF A RESOLUTION REVISING THE DEPARTMENT OF PUBLIC HEALTH'S ROLE**
**Report and Proposed Resolution*

9) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
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HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

April 17, 2001
3:00 p.m.
at
101 Grove, Room 300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma Guy, MSW, at 3:10 p.m.

Present	President Roma P. Guy, M.S.W. Vice President Edward A. Chow, M.D. Commissioner Arthur M. Jackson Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Lee Ann Monfredini Commissioner John. I. Umekubo, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 3, 2001

Action Taken: The Commission adopted the minutes of March 20, 2001.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) PHP – Housing and Urban Health Services – Request for approval of a new contract with John Stewart Company, in the amount of $1,005,375, to provide property management services and related start-up costs for the new Direct Access to Housing Programs at the Star and Camelot Hotels, which will provide 105 supportive housing units, for the period of May 1, 2001 through June 30, 2002.

- Commissioner Sanchez asked about funding streams in the housing programs

(3.2) PHP – Substance Abuse Services – Request for approval of Phase I of the implementation of the Proposition 36 Substance Abuse Crime and Prevention Act, to authorize expenditures of $2.3 million in FY 2000-2001.

(3.3) AIDS Office – Request for approval of St. Mary's portion of the FY 2001-2002 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 Title I, for the period of March 1, 2001 through February 28, 2002, for Title I programs, in the amount of $1,234,862 consisting of $776,854 for Integrated HIV Health Services and $458,008 for AIDS Dementia Care.

- Jimmy Loyce, Director of DPH's AIDS Office, described the more recent visits and meetings in which his office has engaged concerning St. Mary's AIDS Dementia Unit (ADU), in response to concerns raised by President Guy and other Commissioners

- Shareen Salem, Executive Director of Inpatient Nursing Services at St. Mary's, stated that the administration will work with the CNAs, and will conduct training within one month. She also stated that administration will work on communication issues.

Public Comment:

Allen Fitzpatrick, R.N., St. Mary's stated that the skilled nursing unit nurses are still concerned about the ADU, but encouraged by recent events. He supports continued funding for St. Mary's ADU.

Marcy Fraser works with HIV community programs. She stated that the rest of the community values the services provided by St. Mary's ADU.

Commissioners' Comments:

- Commissioner Sanchez, on behalf of the Budget Committee, stated that the recent Proposition Q hearings provided dialogue concerning site and quality of care issues

- Commissioner Jackson acknowledged that St. Mary's CEO had been present throughout the meetings

- In response to Commissioners' concerns, Mr. Loyce stated that his office will continue to conduct site visits and monitor the program.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

2001 State of the City Public Health Address

Last week Dr. Mitch Katz, Director of Health, delivered the State of the City Public Health Address before the Board of Supervisors. All members of the Health Commission have been provided copies of the report. The Department has provided this Address for the last six years to provide the public and our elected officials with information on the health status of the community. The Director's remarks focused on expanding community-based services, prevention, environmental health, communicable diseases, substance abuse and mental health services. I would like to acknowledge the tremendous work done by Frances Culp of the Office of Policy and Planning in working on this report. As the Health Commission is aware, Population Health and Prevention compiled the overview of San Francisco's health status. The report will be available on the Department's web site at www.dph.sf.ca.us.

Raymond Hotel Fire

A fire broke out at 6:15 a.m. Easter morning at the Raymond Hotel, 1011 Howard Street. Red Cross established a temporary shelter at the South of Market Recreation Center at Sixth and Folsom. The fire displaced seventy-eight individuals. Three residents suffered minor injuries, no fatalities occurred. The Health Department, Department of Human Services, Mayor's Office of Homelessness, Animal Care and Control, and Recreation and Park were all on hand to strengthen and enhance Red Cross response efforts. Many residents of the Raymond are DPH patients, and have fairly high medical needs. Dr. John Brown responded to the site and was able to provide medications for 34 residents. Barbara Garcia, LaDonnis Elston and the MOST Team all responded and triaged clients. The shelter will remain open until Wednesday when it is hoped that temporary housing will be secured for all those displaced residents.

Proposed Race, Ethnicity, Color or National Origin Classification State Initiative

University of California Regent Ward Connerly's American Civil Rights Coalition has sponsored a new initiative entitled "Race, Ethnicity, Color or National Origin Classification." The initiative would prohibit State and local governments from using race, ethnicity, color or national origin to classify individuals in government operations (including public education, contracting or employment operations). Actions taken to maintain federal funding are exempted, though classification of public health data is not. The initiative is currently in circulation. If the required number of signatures is collected, 670,816 by August 31, 2001, it will appear on the State's March 2002 ballot. If approved by California voters, the effective date is January 2005.

Voter approval of such an initiative could significantly impact the Department's operations. Currently, the Department collects and reports race, ethnicity and national origin information through its hiring and contracting processes. The Department would be stymied in its ability to collect information on the ownership of contracting businesses, to evaluate a contractor's cultural competency and to respond to lawsuits alleging racial discrimination. Additionally, the Department collects race, ethnicity and/or national origin to appropriately evaluate the health needs of San Francisco's diverse communities and to conduct program planning. As currently written, the initiative would severely limit the Department's ability to analyze and respond to health disparities based on race, ethnicity and/or national origin.

As in the past, if this initiative is certified for the March 2002 ballot, then the Health Commission may want to consider adopting a resolution urging the Board of Supervisors to take a position on the initiative. The Department will keep the Health Commission apprised of this proposed initiative.

President Bush's Proposed Fiscal Year 2002 Budget
Last week, President Bush released his fiscal year 2002 proposed federal budget. The proposed budget is similar in intent to the President's budget priorities released in February 2001. The budget is designed to "moderate recent rapid growth in spending while funding national priorities, paying down the debt and providing tax relief." The debt would be reduced by $2 trillion and taxpayers would get back $1.6 trillion in surplus over the next 10 years through tax relief.

The fiscal year 2002 budget for the Federal Department of Health and Human Services (DHHS) totals $468.8 billion, an increase of $38.3 billion (8.9%) from the 2001 budget. In the area of health, the President's highlights are:

- modernizing Medicare
- expanding access to health care
- increasing access to substance abuse treatment
- encouraging organ donations
- enhancing scientific research
- protecting public health
- investing in infrastructure and reforms management

Modernizing Medicare

- Immediate Helping Hand: The Immediate Helping Hand proposal will give immediate financial support to States so that they can provide prescription drug coverage to beneficiaries with low incomes or high drug expenses. This will provide coverage for up to 9.5 million beneficiaries.

- Medicare Reform: The President proposes to devote nearly $156 billion this year and over the next ten years to improve the financial condition of the Medicare program and to modernize the benefits package.

Expanding Health Care Access

- Community Health Centers: The DHHS budget launches a multiyear presidential initiative by proposing an increase of $124 million for Community Health Centers in FY 2002, and supporting 1,200 new or expanded health center sites over five years. This increase will expand the delivery of services to up to one million additional individuals in FY 2002.

- National Health Service Corps: The DHHS budget includes $126 million in FY 2002 for the National Health Service Corps (NHSC). The NHSC has placed over 20,000 health care providers.

- Native American Health Services: The FY 2002 DHHS budget provides $3.0 billion for health care services at the Indian Health Service (IHS), an increase of $151 million (5.3%) over FY 2001.

- Medicaid and SCHIP: The FY 2002 DHHS budget proposes to stem the growth of Medicaid costs, ensure the fiscally prudent management of the Medicaid and

SCHIP programs, improve the way these programs provide health care to the poor and near-poor, and increase State flexibility in using private insurance coverage and coordinating with employment-based insurance.

- Public Health Grant Flexibility: The FY 2002 DHHS budget proposes to give States greater flexibility to transfer funds among public health grants. The budget also includes the President's Healthy Communities Innovation Fund initiative that supports grants to health care improvement projects in State and local communities. DHHS could make available approximately $400 million in existing grants for innovations.

Increasing Access to Substance Abuse Treatment
The FY 2002 budget proposes an increase of $100 million for substance abuse treatment services that will help close the treatment gap. This includes $60 million for the Substance Abuse Block Grant. An additional $40 million will support 80 additional Targeted Capacity Expansion (TCE) grants.

Encouraging Organ Donation

The FY 2002 budget request includes $20 million, an increase of $5 million, to launch a national campaign to encourage organ donation.

Enhancing Scientific Research

- Enhancing Research at the National Institutes of Health: The FY 2002 budget proposes a total of $23.1 billion for NIH, an increase of $2.75 billion (13.5%) over FY 2001. NIH will expand its focus on four broad research areas – genetic medicine, clinical research, interdisciplinary research, and health disparities.

- Supporting Research on Healthcare Quality and Outcomes: The FY 2002 budget provides a total program level of $306 million for the Agency for Healthcare Research and Quality (AHRQ), an increase of $36 million (13.5%) over FY 2001.

Protecting Public Health

- Protecting Patient Safety and Reducing Adverse Events: The budget includes an additional $10 million to increase inspections and oversight of clinical trials, train clinical trial inspectors, and allow for follow-up of all complaints concerning clinical trials within 30 days. The Agency for Healthcare Research and Quality will spend $53 million to continue its work on reducing medical errors.

- Safeguarding the Nation's Food Supply: To help safeguard the nation's food supply, the FY 2002 budget includes a total of $124 million, an increase of nearly $15 million, for FDA food safety activities. FDA will expand inspections of food manufacturers, improve coverage and inspection rates at import entry points, and focus on illnesses derived from chemicals and pesticides. In addition, $34 million will be provided to the Centers for Disease Control and Prevention (CDC) for food safety activities.

Investing in Infrastructure and Reforms Management

- Revitalizing Laboratories and Scientific Facilities: The budget includes $150 million for buildings and facilities at CDC.

- Enhancing Coordination and Reducing Duplication of Operating Systems: The FY 2002 budget invests to streamline financial management and other information technology systems to eliminate unnecessary and duplicate systems. A total of $122.5 million will finance DHHS's unified financial accounting system and information technology.

- Redirecting Resources: The FY 2002 budget eliminates $475 million in earmarked projects and $155 million in funding for activities that were funded for the first time in FY 2001. The budget shifts $597 million from programs such as Health Professions and the Community Access Program to higher priority activities.

POPULATION HEALTH AND PREVENTION

Proposition 36

Effective July 1, 2001 Proposition 36 requires that certain nonviolent drug possession offenders receive drug treatment and supervision in the community, rather than incarceration. As the lead agency for the implementation of the proposition the Department of Public Health (DPH) is facilitating a planning process, inclusive of the community and representatives from both public health and criminal justice. The process is designed to inform the development of a countywide implementation plan.

On Wednesday, March 28th, the Proposition 36 Steering Committee, co-chaired by Barbara Garcia and District Attorney Terence Hallinan, met for the second time to review recommendations made by three subcommittees (Criminal Justice, Treatment, and Data, Assessment, Monitoring and Evaluation). The Steering Committee and members of the public provided valuable input for the subcommittees to consider as they develop their final recommendations to be presented at the April 18th Steering Committee meeting.

DPH will be taking the recommendations developed through this process to produce an implementation plan, which will be presented to the Health Commission on May 15th.

Asthma Task Force

The Rules Committee will hear legislation sponsored by Supervisor Maxwell to form a citywide Board of Supervisors' Asthma Task Force on April 19th at 1:00 p.m. This legislation represents the efforts of a citywide group of asthma advocates and service providers and was initiated one year ago by Supervisor Becerril.

The Task Force will gather and review existing information on the prevalence, management, and prevention of asthma and will identify legislative actions and citywide strategies to ensure the highest standard for asthma management and prevention services for San Francisco residents. Membership will be balanced among those diagnosed with asthma, community and advocacy organizations, and academic, public and private health care professionals. SFDPH will have a representative on the committee, and the Health Commission will be asked to contribute to the plan's findings and recommendations to the Board.

Children's Environmental Health Promotion Program

As an adjunct to World Asthma Day, the Yes we Can Urban Asthma partnership is slated to launch a new Poster Campaign beginning mid-April through May 3rd. The campaign is designed to raise public awareness of the burden of asthma and promote asthma self -management and clinical "best treatment." 5500 indoor posters in three languages (English, Spanish, and Chinese) will be distributed to more than 900 sites within the City. Next year, the campaign will extend to buses and billboards.

The Yes We Can Urban Asthma partnership is comprised of 11 organizations who advocate for low-income communities on issues of child health and community wellness.

The Children's Environmental Health Promotion Unit of DPH was a founding member of this partnership. The Urban Asthma partnership began implementing a medical/social model at SFGH 6M Pediatric Asthma Clinic as a pilot program last year which, will serve nearly 700 asthmatic children living in the Southeast areas of the City.

Children, Youth and Family Services

Two abstracts from CYFS were accepted for the upcoming 2001 Maternal and Child Health Conference being held May 30-31 at the Hyatt Regency San Francisco Airport.

Janet Shalwitz, M.D., will conduct a workshop entitled "Think Globally/Act Locally: Effective Community-Based Planning for Adolescents." Patricia. Evans, M.D., MPH, will conduct a workshop entitled "Creating Partnerships for Updating a Foster Care HIV Screening and Testing Protocol."

COMMUNITY HEALTH NETWORK

Volunteer Luncheons

Volunteers from both Laguna Honda Hospital and San Francisco General Hospital will be honored at upcoming luncheons on April 24th and April 28th respectively. All members of the Health Commission are cordially invited to attend.

SFGH Honors Mrs. Edna Woods

The 1906 earthquake anniversary offers us a wonderful opportunity to appreciate what this magnificent City survived 95 years ago. This City and the nation are well aware of the tremendous loss of lives and the destruction of neighborhoods from both the quake and fire. This year SFGH will play a major part in the City's Earthquake Awareness and Preparedness Month.

On April 10, 2001 Gene O'Connell and staff started by reaching out to a SFGH neighbor and friend who was born the same year of the 1906 quake and who has lived practically all of her life across the street from San Francisco General Hospital. (Her first 8 months were in a tent city at Bryant and 16th Streets.)

Edna Wood, a third generation San Franciscan, was honored during a special ceremony at SFGH for her enormous spirit and a lifetime supporting her neighbors and community. At the age of 95, Ms. Wood continues her activism with the East Mission Improvement Association and St. Peter's Church.

CHN Personnel Updates

Dr. Katz announced that Diane Jones has been selected as the new Coordinator of Community Home Care for Health at Home. Ms. Jones comes to Health at Home with extensive knowledge experience in harm reduction and AIDS/Oncology. For the last 19 years she has been with San Francisco General Hospital, working in various capacities, including as a Charge Nurse in the Emergency Department and Nurse Manager for the AIDS/Oncology Unit. In addition to all of her experience at SFGH, she also serves as a trainer/consultant for the Harm Reduction Training Institute.

Ms. Jones will work with other members of the Health at Home Management Team to develop and ensure the quality and delivery of Home Health Services and to provide clinical coordination for CARE Title I home care contracts and the expansion of other services.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEES RECOGNITION AWARDS FOR THE MONTH OF APRIL

Commissioner Parker presented the awards to the following:

Individual Nominees	Division	Nominated by
Michele Friedman, RN, MSc., Head Nurse	PHP – Community Mental Health Services	Bill McConnell
Gemma Deocampo, Business Analyst	DPH - Central Administration Information Technology	Monique Zmuda David Counter Antonia Cardona-Malgieri

Team Nominees	Division	Nominated By
Thomas O'Connor, Manager, Systems Group	PH&P - Enterprise Information Systems/Engineering Systems	Andy Ludlow
Christopher Kim, Engineering Group		

6) UPDATE ON IMPLEMENTATION OF STRATEGIC PLAN

Tangerine Brigham, Director of Policy and Planning, discussed the Departmental strategic planning update before the Commission. The update is enclosed as Attachment A.

Ms. Brigham began by discussing the strategies completed, and those that will be initiated in future fiscal years. She discussed the staff resources, Commission policies, resolutions, and recommendations. Ms. Brigham also highlighted the wide variety of current service integration initiatives. In addition, Ms. Brigham outlined measures taken to ensure continued staff involvement in the strategic planning initiative. She informed the Commission of a series of community town hall meetings, one in each of the City's supervisorial districts, to communicate the adopted strategic plan to the community, and to gather the community's input into the process.

She stated that DPH staff will provide regular updates to the Commission through the Joint Conference Committees (JCCs).

Commissioners' Comments:

- Commissioner Parker asked about value of Town Hall participation; Ms. Brigham responded that the meetings provide a "reality check" for DPH planners, and that the community comments are valuable
- Commissioner Parker asked about increasing the emphasis on prevention activities; President Guy supported Commissioner Parker's interest in prevention. Ms. Brigham responded that the Department has a multiyear prevention plan
- Vice-President Chow complimented the Department concerning the grid that it developed to graphically illustrate the strategic plan; Ms. Brigham stated that the Department will add a "status" column with updates on each of the proposals
- President Guy stressed the strategic plan as a living document, and wants to monitor community involvement
- The Commission would like to see more specific strategic plan status reports, details, and "do-ables" at the JCCs
- The Commission requested the Department to provide another report at an October Commission meeting
- Each Joint Conference Committee (CHN, LHH, SFGH, and PHP) will establish on-going reporting mechanisms for the implementation of the Strategic Plan. On a regular basis, each JCC will discuss their priorities, progress, and other related issues.

7) PRESENTATION OF THE HOMELESS CONTINUUM OF CARE PLAN AND CONSIDERATION OF A RESOLUTION IN SUPPORT OF THE PLAN

Anne Kronenberg, DPH's Director of External Affairs, updated the Commission concerning the Homeless Continuum of Care Plan. A cover letter for the update is enclosed as Attachment B. The Commission also considered a proposed resolution to approve the plan, and to urge the Board of Supervisors to adopt it.

Ms Kronenberg provided an overview of the plan and its highlights. She stated that DPH was well represented providing input at committees. Ms. Kronenberg assured the Commission that the plan was not dealing with just one slice of homelessness, but was taking a larger approach, to streamline and integrate services, and to offer other services on site.

During the presentation, Ms. Kronenberg was joined by Rita Semel and Bob Nelson, co-chairs of the Local Homeless Coordinating Board, described the plan as a work in progress, and as a five-year, broad-stroke plan. George Smith, Director of the Mayor's Office of Homelessness, stated that the plan looks to prevent homelessness. According to Ms. Kronenberg, the Health Commission was the first body to review, and then approve, the updated plan.

Commissioners' Comments:

- President Guy stated that the planning and engagement had been rigorous and disciplined, and urged other Commissioners to support the proposed resolution

- Commissioners complimented the document and the dialogue that has taken place

- Commissioner Jackson asked about points of access for the working poor; Ms. Kronenberg stated that case managed shelters reach out to the working poor

- Commissioners look forward to hearing again from Ms. Kronenberg later this summer concerning the Plan and community input

Action Taken: The Commission considered the proposed resolution. It added the underlined language to the 14th Whereas clause to read: "Whereas, the Department's emphasis on prevention, early intervention and primary care for the homeless and at-risk populations has the positive consequence of improving health status and reducing emergency room visits . . . ." On the motion to pass the Resolution, as amended, five Commissioners (Guy, Chow, Jackson, Parker, and Sanchez) voted aye, none voted no. The motion passed.

The Resolution approved by the Commission may be found at Attachment C.

8) PRESENTATION ON LONG TERM CARE INTEGRATION PILOT PROJECT, AND CONSIDERATION OF A RESOLUTION REVISING THE DEPARTMENT OF PUBLIC HEALTH'S ROLE

Anthony Wagner, Executive Administrator of DPH's Community Health Network, and co-chair of the Long-Term Care Pilot Project Task Force, began his presentation by thanking others who were involved in the planning efforts. These people included: Jennie Chin Hansen, Executive Director, On Lok, and co-chair of the LTC Pilot Project Task Force; Dr. Sandra Nathan, Executive Director, Department of Aging and Adult Services (DAAS); Bill Haskell, Department of Aging and Adult Services; and Tangerine Brigham, Director of Policy and Planning, DPH.

Mr. Wagner focused on two issues: 1) Whether the City should continue to participate in the AB 1040 program; and 2) Whether the Task Force Mission can be pursued by the Department of Aging and Adult Services. He outlined the various changes that have occurred since AB 1040 was adopted in 1985. Mr. Wagner then offered several next steps:

- The Long-Term Care Pilot Project should be disbanded for the purpose of developing a comprehensive plan under AB 1040

- The lead agency responsibilities of DPH to develop and implement a long-term care integration project under AB 1040 should be terminated

- The activities of the Task Force to plan and oversee implementation of improvements in San Francisco's LTC service delivery system should be transferred to the DAAS Continuum of Care Policy Committee

- DPH should continue to provide technical assistance on LTC to DAAS, and should participate on the DAAS policy committees that oversee this work

- A joint meeting of the Health Commission, the Human Services Commission, and the Aging and Adult Services Commission will be held for the Task Force to present: 1) its findings and recommendations regarding participation in the State's LTC Long-Term Care Pilot Program (AB 1040); and 2) the initial administrative oversight for implementing improvements in San Francisco's LTC service delivery system

- In June 2001, the Task Force will proceed to the Board of Supervisors with a final presentation to report on AB 1040 and long term care service delivery of older and disabled adults

Ms. Chin Hansen spoke briefly, supporting Mr. Wagner's statements, and emphasizing the City's commitment to long term care. On behalf of DAAS, Dr. Nathan accepted the long-term care planning and oversight responsibilities identified for her organization.

Action Taken: On the motion to pass the resolution, four Commissioners (Guy, Chow, Parker, and Jackson) voted aye, none voted no. Commissioner Sanchez had left the meeting before the vote. The motion passed.

The Resolution passed by the Commission may be found at Attachment D.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:35 p.m.

Arthur R Greenberg

Arthur R. Greenberg
Interim Health Commission Secretary
to the Health Commission

Attachment (4)

City and County of San Francisco
Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

TO: Roma Guy, President and
Members of the San Francisco Health Commission

FROM: Mitchell H. Katz, M.D.
Director of Health

RE: Departmental Strategic Planning Update

DATE: April 9, 2001

This memorandum provides an update on the Department's strategic planning initiative. For this update, I will focus on the following recent strategic planning activities:

- development of draft implementation schedule for strategic plan,
- communication with staff and the public on the approved strategic plan and on their perspectives regarding implementation and
- relationship of implementation plan to strategic planning implementation recommendations.

PROPOSED IMPLEMENTATION PLAN

Since the Commission endorsed the Department's strategic plan in January 2001, the Department has worked to draft an implementation plan. When the Health Commission adopted the strategic plan, it "directed the Department to develop and submit a plan for prioritizing and implementing the Strategic Plan recommendations taking into account the goals, available resources, changing medical environment and technologies, and the time for implementation." (Health Commission Resolution 3-01).

Over the past several months, Central Administration, the Community Health Network and Population Health and Prevention have met to develop an implementation tool that would:

- designate the primary division responsible for implementing each strategy adopted in the strategic plan (any other Department division assisting the primary division is also noted),
- indicate the primary staff person responsible for leading the implementation effort in each strategy (given that implementing each strategy will require a team approach, key staff from other parts of the Department are also listed),

- specify whether community input is needed in implementing the strategy and if it is needed, to indicate whether an existing departmental committee will be used or if another mechanism is needed to gather community input,
- list the indicators that will be tracked once the strategy is implemented and
- provide any additional information or comments relevant to each implemented strategy.

Attachment A is the proposed implementation tool designed to summarize these efforts. As the Health Commission is aware, the strategic plan will be used by the Department for a period of no less than three years and will guide the development of the Department's 2001-02 through 2003-04 budgets. Given this and given the need to prioritize the strategies for implementation, the implementation tool is divided into five "time periods": (1) implementation completed, (2) ongoing implementation, (3) implementation initiated in fiscal year 2001-02, (4) implementation initiated in fiscal year 2002-03 and (5) implementation initiated in fiscal year 2003-04.

It is important to note that the while the strategic plan will be used for at least three years, this does not mean that all strategies will be implemented and completed by the end of fiscal year 2003-04. Some strategies may take only a year to implement (e.g., e-government presence), others will be implemented over several years (e.g., multi-year prevention strategy) and still others will be ongoing (e.g., improve staff recruitment, retention and training). As a result, Attachment A does not indicate when a strategy will be completely implemented, but rather when the Department will initiate implementation. In most cases, implementing the strategies will require establishing Department planning committees that will have responsibility to address all issues involved in implementing the strategic recommendation.

The following provides an explanation of the five time periods:

Complete: One (1) strategy (*1.9 Propose guidelines for developing health services)*, is considered complete. The guidelines are contained in the strategic plan as adopted by the Health Commission. The Department will now undertake the responsibility of ensuring that the guidelines are followed when developing services, programs and initiatives. Page 6.13. .

Ongoing: Nine (9) strategies are not new, but reflect existing Department policy. These strategies will continue to be implemented, and their progress will be reported over the course of the three-year Strategic Plan. These strategies are in the areas of population-based public health services, target populations and neighborhoods, service priorities within funding limitations, use of data in planning, social and economic determinants of health, cost effectiveness, local/state/federal advocacy, benchmarking and community health assessment. Pages 6.14 – 6.16.

FY 2001-02: Eleven (11) strategies have been identified as fiscal year 2001-02 priorities. These strategies require immediate action on the part of the Department and further explicit policy goals articulated by the Health Commission. The Department has the necessary resources to initiate planning on these strategies next fiscal year. The strategies relate to health care coverage for the uninsured, CHN and contractor roles in providing health services, service integration, prevention, financing and fiscal strategies, SFGH, primary care and contract agency infrastructure, e-government and staff recruitment and retention. Pages 6.17 - 6.19.

FY 2002-03: Three (3) strategies will be initiated in fiscal year 2002-03. These strategies, while important to the Department's overall goals, are being deferred to the second year due to year one activities and a lack of resources (principally staff). The strategies relate to contracting processes, community advisory groups and community partnerships with other providers. While two of the strategies relate to community planning, it should be noted that the Department continually works with the community on various health initiatives and on the delivery of services. These activities will not be halted. Page 6.20.

FY 2003-04: Two (2) strategies were prioritized for fiscal year 2003-04 also due to a lack of resources to implement them sooner. The Department anticipates having access to the necessary resources by this time order to implement these final strategies. They are feasibility of capital funding for school health programs and the appropriateness of consistent eligibility criteria. Page 6.21.

Community input was an important part of developing the strategic plan. While, the Department is not recommending the creation of community-wide strategic planning implementation committee, it is seeking community input as it implements the strategies. The attached implementation tool has a column entitled "Community Input." The markings in the column indicate:

- *Use existing committee(s)*: In this instance, the Department will seek input from existing community advisory groups or utilize other existing community input forums. No new community process is needed to obtain consumer, advocate, public and provider perspective.
- *Yes*: In this instance, the Department does not have an existing mechanism to seek community input. It will therefore develop a process to obtain needed consumer, advocate, public and provider input.
- *N/A*: In this instance, the Department does not believe that community input is needed to implement the strategy. This generally refers to implementing strategic recommendations that are focused on internal Department operations.

In several areas, the Department is currently undertaking efforts that support the overall direction of the strategic plan. The Department notes this in the "Comment" column of Attachment A. For example, all of the strategies contained under ongoing implementation (pages 6.14 - 6.16) are ones in which the Department is presently working on. The comment column provides information on some of the specific activities that are underway to meet the strategic recommendation. In addition, comments are provided for other strategies if the Department has program initiatives in these areas. The Department has undertaken a number of efforts to improve overall financing operations, further e-government, enhance advocacy and assist contract agencies.

In the area of service delivery, consumers, advocates and staff have urged the Department to better integrate its services. Strategy 1.6 calls upon the Department to "improve integration of services (physical, prevention, behavioral, social and environmental) for target, vulnerable and at-risk populations who need multiple services." As the Health Commission is aware, integration of services has been a key policy and programmatic objective for several years and the Department has undertaken efforts to improve integration. To provide information on those activities, the Department assembled the following list of current service integration initiatives:

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, MD
Director of Health

April 11, 2001

To: Honorable Roma Guy, President &
Members San Francisco Health Commission

Through: Mitchell H. Katz, M.D.
Director of Health

From: Anne Kronenberg
Director Intergovernmental Affairs

Re: Updated Homeless Continuum of Care Plan

The San Francisco Health Commission has the distinction of being the first policy body to officially review and approve the updated Homeless Continuum of Care Plan. Over the course of the next two months, the Human Services Commission, Aging and Adult Services Commission, Mayor's Criminal Justice Council, Community Development Advisory Board, and Children and Families Advisory Board will all consider similar resolutions. It is anticipated that the Board of Supervisor's will consider adoption of the Continuum of Care Plan in June.

The original Continuum of Care Plan was crafted in 1995 and adopted by the Board of Supervisors in 1996. This plan called for the establishment of a "Local Board" to oversee San Francisco's integrated homeless delivery system. The Local Board was established shortly after passage of the plan, and is comprised of homeless advocates, formerly homeless persons, representatives of service providers, nonprofit housing organizations, neighborhoods, education and training, labor, business, foundations and key City Departments. The Health Department has a seat on the Local Board.

This year, the Local Board developed a broad-based planning process involving extensive citizen participation to revise and update the plan. Seven focus groups in six communities were conducted with input from more than 100 homeless and formerly homeless individuals. In addition, a survey of over 400 homeless people was conducted at over 50 sites in San Francisco. All meetings were open to the public and were posted on the City website. As the DPH representative on the Local Board, I chaired the Integrated Health and Human Services Committee.

The goal of the plan is to move toward a continuum of integrated services that focuses on the causes of homelessness: poverty, lack of housing, living wage jobs, vocational skills, and health care. The planning process provided the opportunity to think collaboratively about long term solutions to homelessness. The following key strategies are enumerated in the plan:

- **Prevention** The plan contains action steps related to expanding eligibility for and funding of rental assistance programs, increasing legal assistance programs, improving access to housing and preventative social services.
- **Centralized Information Systems** Homeless individuals need consistent, accurate information to locate services and resources.
- **Emergency Shelters for Families and Individuals** San Francisco should continue to put more resources into permanent solutions to homelessness while simultaneously directing resources towards sustaining and improving front-end services.
- **Preservation and Production of Affordable Housing** In light of San Francisco's short supply of housing, the production of affordable housing is a pivotal component of an effective continuum of care.
- **Integrated Health and Human Services** A key to preventing and alleviating homelessness in San Francisco is an accessible, culturally competent array of health and supportive services available in neighborhoods, shelters and supportive housing. This plan focuses on improving access to health through expansion and integration of resources.
- **Expansions of Economic Opportunity** Job training and employment services are essential to help people who are homes find and maintain jobs.
- **Civil Rights and Diversity** People who are homeless often are victims of discrimination based on their appearance and status as a homeless person. The plan addresses action steps to ensure that the civil rights of homeless people are respected and protected.

These strategies are highlighted in the Executive Summary of the Plan (pg. 8 – 16) and discussed in greater detail in the body of the text. The Local Board has established an Oversight Committee, which I have been asked to chair, to ensure annual work plans are developed and that the plan remains a living document that will be fully implemented over the course of the next five years.

Attached is a draft resolution of support for your attention and consideration.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 8-01

ENDORSING THE HOMELESS CONTINUUM OF CARE PLAN AND URGING THE BOARD OF SUPERVISORS TO CONSIDER ADOPTION OF THE PLAN

WHEREAS, the Local Homeless Coordinating Board was established in 1996 to implement recommendations of the 1995 Continuum of Care Plan; and,

WHEREAS, the Department of Public Health adopted the recommendations from the Continuum of Care Plan in 1995; and,

WHEREAS, one of the recommendations of the Continuum called for the formation of the Local Homeless Coordinating Board made up of community representatives, service providers, local businesses, and City agencies; and,

WHEREAS, the Department of Public Health holds a voting seat on the Local Homeless Board and has been an active participant in policy formation; and,

WHEREAS, the Local Board is a key voice in the development of homeless policy made by the City and County of San Francisco; and,

WHEREAS, last calendar year the Local Board, in conjunction with community-based agencies, advocates, and formerly homeless individuals, rewrote the Continuum of Care Plan; and,

WHEREAS, the Department of Public Health chaired the Integrated Health and Human Services Subcommittee of the 2001 Continuum of Care Plan; and,

WHEREAS, the 2001 Continuum of Care Plan shifts its focus from the earlier plan to highlight prevention, and emphasize linkages to primary care with a population based focus; and,

WHEREAS, the Department of Public Health has completed an extensive Strategic Planning process, which provides strategies to improve and integrate services (physical, prevention, behavioral, social and environmental) for target vulnerable and at-risk populations; and,

WHEREAS, the Strategic Plan indicates that improved integration of services should include outcomes focused on providing housing with health and human services attached; and,

WHEREAS, the Strategic Plan will expand community-based services, such as housing, to help ensure that clients have appropriate access to services; and,

WHEREAS, the 2001 Continuum of Care Plan highlights the key strategies of prevention, emergency shelters for families and individuals, production of affordable housing, integrated health and human services and civil rights; and, WHEREAS, these are all key components of the Departments Strategic Plan, which triggered prioritization of Department of Public Health service and funding areas, including such innovative DPH programs as the Direct Access to Housing, Emergency Fire Response, Families Living in Single Room Occupancy (SRO's), Welfare to Work, Proposition 36 Coordination; and,

WHEREAS, the Department's emphasis on prevention, early intervention and primary care for the homeless and at-risk populations has the positive consequence of improving health status and reducing emergency room visits; and,

WHEREAS, the Department of Public Health will chair the newly formed Local Board Oversight and Implementation Committee to ensure that annual work plans are developed, links are made with impacted City Department's strategic and funding processes, and homeless policy prioritization within City agencies follows the Continuum's strategies; and,

WHEREAS, the 2001 Continuum of Care Plan has been adopted by the Local Board, has received community input, and is now being reviewed by San Francisco City Departments, now, therefore, be it

RESOLVED, that the Department of Public Health has reviewed and endorsed the 2001 Continuum of Care Plan, and, be it

FURTHER RESOLVED, that Department of Public Health urges the Board of Supervisors to consider adoption of the plan to help guide the City's homeless policy for the next five years.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 17, 2001.

Arthur R Greenberg

Arthur R. Greenberg
Interim Health Commission Secretary

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 9-01

REVISING THE DEPARTMENT OF PUBLIC HEALTH'S ROLE IN LONG-TERM CARE PLANNING, AND PARTICIPATION IN CALIFORNIA'S LONG-TERM CARE INTEGRATION PILOT PROGRAM (AB 1040)

WHEREAS, Assembly Bill 1040 (Bates) required the California Department of Health Services to administer the Long-Term Care Integration Pilot Program to improve long-term care services for older and disabled adults; and,

WHEREAS, the purpose of AB 1040 is to integrate the financing and administration of long-term care services, under a capitated, at-risk payment system, for the full continuum of medical, social and supportive services, which is intended to further the development of an integrated long-term care service delivery system; and,

WHEREAS, the San Francisco Health Commission previously approved the Department of Public Health's pursuit of a long-term care integration pilot project under AB 1040, the Long-Term Care Integration Pilot Program (Health Commission Resolution #41-95); and,

WHEREAS, the San Francisco Health Commission previously supported the designation of the Department of Public Health as lead agency for the development of a long-term care integration pilot project under AB 1040 (Health Commission Resolution #14-96); and,

WHEREAS, the San Francisco Board of Supervisors previously designated the Department of Public Health to serve as lead agency for the development of a long-term care integration pilot project under AB 1040 and created the Long-Term Care Pilot Project Task Force for said purpose (Board of Supervisors Resolution #1024-96); and,

WHEREAS, the Long-Term Care Pilot Project Task Force has made recommendations on: (1) the optimal model of care; (2) scope of services to be provided; (3) consumer and caregiver rights; (4) strategies to develop supportive housing; and (5) approaches to organizing the service delivery system that would enhance consumer choice and maintain quality of life; and,

WHEREAS, there have been significant policy changes since AB 1040 was adopted in 1995 such as: (1) the adoption of the federal Balanced Budget Act of 1997, which has had a adverse impact on Medicare and Medicaid reimbursement rates; and (2) establishment of the Governor's Aging with Dignity Initiative in FY 1999-00, including the long-term care innovation grant program, which is being administered by the California Department of Aging; and,

WHEREAS, increasing concerns have been raised by long-term care service providers about their ability to obtain sufficient funding to support services under capitated managed care and by the Long-Term Care Pilot Project Task Force regarding the appropriateness of developing a fully capitated, at-risk managed care system that would serve long-term care consumers for the same reason; and, WHEREAS, the California Department of Health Services, which administers the State's Long-Term Care Integration Pilot Program (AB 1040), has indicated that any project developed under this legislation must include capitated managed care financing for service providers, given that it is a primary goal of AB 1040; and,

WHEREAS, San Francisco's Long-Term Care Pilot Project Task Force will neither prepare a comprehensive long-term care plan based on the requirements of the State's Long-Term Care Integration Pilot Program (AB 1040) nor present the plan to the San Francisco Health Commission and San Francisco Board of Supervisors for review and approval; and,

WHEREAS, the Long-Term Care Pilot Project Task Force, along with a number of other counties, is now exploring alternative models to improve long-term care services, which may involve federal waivers to expand home and community-based services, but not involve capitated, at-risk managed care financing arrangements; and,

WHEREAS, in July 2000, San Francisco created the Department of Aging and Adult Services to consolidate existing county services for older and disabled adults, and to create and sustain a coordinated service delivery system, including long-term care services; and,

WHEREAS, the Department of Aging and Adult Services has defined a target population that is broader than AB 1040 and incorporates well elders, frail elders, younger disabled adults, veterans and families, irrespective of Medi-Cal eligibility; and,

WHEREAS, the Department of Aging and Adult Services, under its new responsibilities, is establishing a Continuum of Care Policy Committee, with a broad spectrum of stakeholders, which will address issues related to providing social and health services, prevention activities, and long-term care services for its target population; now, therefore, be it

RESOLVED, that the San Francisco Health Commission recommends that San Francisco's participation in the State's Long-Term Care Integration Pilot Program (AB 1040) be terminated; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission urges the San Francisco Board of Supervisors to disband the Long-Term Care Pilot Project Task Force for the purpose of developing a comprehensive plan for a long-term care integration pilot project under AB 1040; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission urges the San Francisco Board of Supervisors to terminate the Department of Public Health as lead agency for the implementation of a long-term care integration pilot project under AB 1040; and, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 9-01 (Cont'd.)

FURTHER RESOLVED, that the Department of Public Health will provide technical assistance to the Department of Aging and Adult Services on long-term care, and participate on its Continuum of Care Policy Committee and any other policy committees that will oversee the implementation of improvements in San Francisco's long-term care service delivery system; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission supports, along with other counties and the State, the continued exploration of alternative models to AB 1040 in order to improve long-term care services for older and disabled adults, which may involve expansion of home and community-based services, but without capitated managed care as its primary goal.

I hereby certify that the Health Commission at its meeting of April 17, 2001 adopted the foregoing resolution.

Arthur R Greenberg

Arthur R. Greenberg
Interim Health Commission Secretary

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Edward A. Chow, M.D.
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Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Arthur R. Greenberg
Interim Health Commission Secretary

Tel. **(415) 554-2666**
FAX **(415) 554-2665**

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AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
APR 26 2001
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May 1, 2001
3:00 p.m.
at
101 Grove, Room 300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 17, 2001.
**Minutes of April 17, 2001*

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **CHN-SFGH/LHH** – Request for approval of a contract renewal with Hanson, Bridgett, Marcus, Vlahos & Rudy, LLP, in the amount of $100,000 per year, for a total contract amount of $500,000, to provide as-needed, specialized legal services to the Community Health Network, for the period of July 1, 2001 through June 30, 2006. (DPH contracted with Hanson, Bridge for services totaling $150,000 during FY 2000-01).
**Calendaring request memo, Monitoring report summary*

(3.2) **PHP-Housing and Urban Health** – Request for approval of a one-time. Four-month sole source contract with the Mission Housing Development Corporation (MHDC), the lead agency and fiscal agent for the Mission SRO Collaborative, to conduct a Census of Families with Children Living in SRO Hotels, in the amount of $70,724, for the period of April 1, 2001 through July 31, 2001. (DPH contracted with MHDC for services totaling $245,000 during FY 1999-2000).
**Calendaring request memo*

(3.3) **PHP-Disease Prevention** – Request for approval of a retroactive modification to the multiyear contract with Mission Neighborhood Health Center (MNHC), to increase the annual amount by $15,350 for the third year (7/1/00-6/30/01) and the fourth year (7/1/01-6/30/02), for a new annual total of $58,821 each year, for the provision of clinic immunization and education services to at-risk children up to four years of age. The contract total with this modification equals $213,045 for the four-year period of July 1, 1998 through June 30, 2002. (DPH contracted with MNHC for services totaling $835,606 During FY 1999-2000).
**Calendaring request memo, Monitoring report summary*

(3.4) **AIDS Office - Prevention** – Request for approval of a retroactive contract renewal with the Regents of the University of California on behalf of the UCSF AIDS Health Project, in the amount of $64,000, to provide HIV Prevention for Positives training services to service providers of HIV-positive individuals, for the period of January 1, 2001 through December 31, 2001. (DPH contracted with UCSF for services totaling $13,999,667 during FY 1999-2000).
**Calendaring request memo, Monitoring report summary and response letter, Client demographic information form*

(3.5) **DPH – Central Administration** – Request for approval of a resolution approving an extension of the terms of the FY 2000-01 contracts for the Department of Public Health's Population Health and Prevention and Community Health Network.
**Calendaring request memo, resolution, list of contractors eligible for extension of terms*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **FOR DISCUSSION:** **HEALTHY FAMILIES AND CHILDREN'S HEALTH INSURANCE UPDATE**

6) **FOR DISCUSSION:** **ADOPTION OF STANDARDS OF PRACTICE FOR THE PROVISION OF QUALITY HEALTH CARE AND SERVICES FOR GAY/LESBIAN/BISEXUAL/TRANSGENDERED INDIVIDUALS AND THEIR FAMILIES**

7) **OTHER BUSINESS/PUBLIC COMMENTS****

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

6) **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO CLOSED SESSION**

A. Vote to whether to hold a closed session to confer with legal counsel. (San Francisco Administrative Code Section 67.11(a)

B. Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.11(b).

Conference with Legal Counsel – Existing Litigation

Proposed total settlement of $50,000 in Khary Butler vs. CCSF, San Francisco Superior Court, Case # 993-756*

C. Reconvene in Open Session

1) Possible report on action taken in closed session (Government Code Sections 54957.1(a)(2) and San Francisco Administrative Code Section 67.14 (b)(2)

2) Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.14(a))

7) **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO CLOSED SESSION**

A. Vote on whether to hold a closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

B. Closed session pursuant to Government Code Section 54957 and San Francisco Code Section 67.10(b)

Public Employee Hiring: 1551 Executive Secretary to the Health Commission

C. Reconvene in Open Session

1) Possible report on action taken appointing the Executive Secretary to the Health Commission (Government Code Section 54957.1(a)(5), and San Francisco Administrative Code Section 67.14(b)(4))

2) Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.14(a))

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* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone:	(415) 554-7724
Fax:	(415) 554-5163
E-mail:	Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

Roma P. Guy, M.S.W.
President

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Vice President

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Commissioner

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

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Web Site: *http//www.dph.sf.ca.us*

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MINUTES

HEALTH COMMISSION MEETING

May 1, 2001
3:00 p.m.
at
101 Grove, Room 300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma Guy, M.S.W., at 3:10 p.m.

Present:	President Roma P. Guy, M.S.W. Vice President Edward A. Chow, M.D. Commissioner Arthur M. Jackson Commissioner Harrison Parker, Sr., D.D.S. Commissioner John I. Umekubo, M.D.
Absent:	Commissioner Lee Ann Monfredini Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 17, 2001

Action Taken: The Commission adopted the minutes of April 17, 2001

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

Commissioner Jackson chaired the Budget Committee meeting in Commissioner Sanchez' absence. Commissioner Parker attended the Budget Committee meeting.

(3.1) **CHN-SFGH/LHH** – Request for approval of a contract renewal with Hanson, Bridgett, Marcus, Vlahos & Rudy, LLP, in the amount of $100,000 per year, for a total contract amount of

$500,000, to provide as-needed, specialized legal services to the Community Health Network, for the period of July 1, 2001 through June 30, 2006. (DPH contracted with Hanson, Bridge for services totaling $150,000 during FY 2000-01).

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(3.5) **DPH – Central Administration** – Request for approval of a resolution approving an extension of the terms of the FY 2000-01 contracts for the Department of Public Health's Population Health and Prevention and Community Health Network.

Action Taken: The Commission approved the consent calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Mitchell H. Katz, M.D., Director of Health)

POPULATION HEALTH AND PREVENTION

$2 Million in Grants for Mental Health Programs for Older Adults

Governor Davis announced the Department of Mental Health's intent to award approximately $2 million in grants to four Counties. These grants are for the development of Older Adults System of Care Demonstration Projects, beginning July 1, 2001 as part of the Governor's Mental Health Initiative. The Counties selected to receive these grants include: Tuolumne, San Francisco, Stanislaus and Humboldt Counties.

The grants will allow the four Counties to develop model services to adults who are 60 years of age or older, who have been diagnosed with a mental disorder or have a functional impairment.

Community Health Promotion and Prevention

Pedestrian Safety

The National Highway Traffic Safety Administration will feature the work of the Department's Community Health Education Section in their May publication "Building Safe Communities." This innovative community-department partnership was funded through the State's Office of Traffic Safety, and DHS State and Local Injury Control Section. The Mission and Tenderloin Safe Communities Projects plan to improve pedestrian safety in their communities. Thanks to staff, Michael Radetsky, Nicamer Tolentino and Stephanie Dunlap, for their vision for innovation, and to community partners, St. John's Educational Threshold Center, Adopt-A-Block, Safety Network and the Neighborhood Safety Partnership/SAFE, for all their hard work.

As part of a community-based pedestrian safety effort funded by the California Office of Traffic Safety, the Community Health Education Section is working with local neighborhood groups on selected safety projects. Four grants of $10,000 each were awarded this month to Chinatown Community Development Center, William R. De Avila Elementary School PTA, OMI Neighbors In Action, and Walk San Francisco SOMA project. The projects reflect a broad mix of different groups, neighborhoods, and interventions

Community Health Education

On May 16th, CHES staff will offer an all-day Community Action Training, focused on developing organizing and project development skills among community partners. The Community Action Model, developed by CHES based on the successful work of our Tobacco Free Project, uses interactive exercises to build community capacity to organize around a wide variety of Public Health issues.

STD Control

April was STD Awareness Month. The STD Control Section worked with bar and club owners to get them to offer free admission or free drinks to patrons who show a card validated by City Clinic indicating that they were tested for STDs. This is a true collaboration between the community and the Health Department and shows a real commitment by these club owners to "join the STD Program in the fight against the spread of STDs." This innovative program was publicized in a press release issued by the Health Department on April 5, 2001 and was highlighted in articles in the San Francisco Chronicle, the Bay Area Reporter, the CDC Daily STD Update and on several local TV and radio stations. It was also covered by a TV station in Seattle, Washington.

Health Promotion and Education at DHS

The PAES Project -- a pilot venture undertaken jointly by DPH and DHS -- combines the efforts of our two departments, as well as non-profit agencies, to implement strategies in the integration of primary and behavioral health services into a welfare-to-work Personal Assisted Employment Services (PAES) Program. DPH staff and providers are training DHS staff how to incorporate health early in the welfare-to-work process, including linkages to primary care, dental care, mental health, HIV/HCV/STD and substance abuse treatment services. Practical tools, guides and educational materials are provided to help clients understand and make the connection between health and employment. Support for this training has been provided by Dr. David Ofman, Primary Care Section; Jim Stillwell, CSAS; Sylvia De Trinidad, Health Promotion Section; Elizabeth Davis, HIV Prevention Section; Julie Javrostsky, Dental Health Education Program; Dr. Tom Neill, DHS PAES Section; and Po Yee Au Lindahl, DPH's PAES Program Analyst. Funds from the AIDS Office are enabling Glide HIV Prevention Services and the Black Coalition on AIDS to provide HIV/STD/HCV prevention and education series for PAES clients on a long-term basis.

COMMUNITY HEALTH NETWORK

SFGH Volunteer Dinner

This past weekend, the Volunteers of San Francisco General Hospital Board hosted a celebration for the SFGH Volunteers at Gabbiano's Restaurant in San Francisco. Over 100 people attended the event. Mayor Brown; Robert Christmas, President of the Volunteers of SFGH Board; Gene O'Connell, Executive Administrator of SFGH; and Renee Cibulka, Director of the Volunteers of

SFGH, were among the keynote speakers who expressed their appreciation for the very important work that the volunteers provide SFGH.

There are over 900 volunteers at SFGH who assist in the daily operations of the hospital - from collecting clothes for patients, delivering medications to the Emergency Department, to providing chaplaincy services. The Department is deeply indebted to the volunteers, the Volunteers of SFGH staff and board.

5) HEALTHY FAMILIES AND CHILDREN'S HEALTH INSURANCE UPDATE

Tangerine Brigham, Director of Policy and Planning, delivered an update on Healthy Families and the San Francisco Children's Health Insurance Initiative. She highlighted the eligibility for the Health Families program, and recent enhancements that include: budget increases to cover program growth; increased budget funds to expand outreach efforts; and coverage of legal immigrants through budget allowances and legislation. Ms. Brigham identified recent legislation, including the passage of AB 2415, that concerns eligibility for qualified aliens.

Ms. Brigham discussed enrollment and retention issues. According to Ms. Brigham, the program has enrolled approximately 77% of the eligible population. She then discussed the avoidable and unavoidable reasons that families leave the program, and reasons for ineligibility. Ms. Brigham identified proposals to extend Healthy Families coverage to parents. She concluded her presentation by describing the Healthy Families consumer survey of health plans that assessed the satisfaction and experience of families within participating health plans. Ms. Brigham focused on the survey results of San Francisco Health Plan families. The complete text of Ms. Brigham's written report is enclosed as Attachment A.

Commissioners' Comments

- Commissioners sought clarification concerning whether a person who was covered as a child could retain coverage even if that person also was a parent of a child. Ms. Brigham responded that a person who was otherwise eligible for coverage would remain eligible for coverage, even if that person were a parent.

- Vice President Chow asked about funding opportunities. Ms. Brigham responded that the Department was looking to the Mayor, the Board of Supervisors, reallocation, foundations, and other City Departments, especially for outreach efforts. Vice President Chow was encouraged by the short time lines contained in the report.

- President Guy asked whether outreach was analyzed by ethnic group. Ms. Brigham responded that presently the analysis is reflected by community group, not by ethnicity. The Commission looks forward to a more detailed report on this aspect.

- Vice President Chow raised issues concerning language and cultural interpretations of the questions on the survey. He stated that different groups may have different interpretations or understandings of the terms "satisfaction" or "dissatisfaction," and that within the Chinese speaking community, expressions of dissatisfaction may be more meaningful and more important than high survey scores

- Commissioner Umekubo was happy to see how numbers have jumped statewide; he expressed concerns with the application process, stating that a simpler process could encompass 9 – 10% more children

- Commissioner Parker stated that Ms. Brigham's presentation demonstrates the importance of universal health care. Dr. Katz added that, even with several City efforts, we still fall behind on health insurance coverage.

- Commissioner Jackson expressed concern with health insurance coverage and housing for the working poor and working uninsured.

Public Comments

Gladys Sandlin, Director of the Mission Neighborhood Health Center, added that in the Latino community many people do not apply due to immigration concerns, a fear that she said is often instilled by attorneys.

Michael Lyon, Emergency Coalition to Save Public Health, asked the Commission to think twice regarding the children's health initiative. He stated that the clinics should be open later hours, and that DPH's age 0-18 proposal would mean that San Francisco would be subsidizing private hospitals.

6) ADOPTION OF STANDARDS OF PRACTICE FOR THE PROVISION OF QUALITY HEALTH CARE AND SERVICES FOR GAY/LESBIAN/BISEXUAL

Barbara Garcia, Deputy Director for Population Health and Prevention, spoke about the proposed standards. She stated that fear of discrimination and stigma causes many Gay, Lesbian, Bisexual, and Transgendered (GLBT) individuals and their families to postpone or decline health care. The purpose of the proposed standards is to communicate a set of guidelines for service providers to increase their ability to meet the need s of GLBT and their families. The full text of the report is enclosed as Attachment B.

- President Guy asked to see updates through the JCCs.

- Commissioner Jackson wanted to ensure that there was an outreach to seniors, so that these people know that they can get services and respect. Ms. Garcia stated that DPH will work with other Departments that have relationships with seniors to meet that goal.

- Vice President Chow offered suggestions to make the wording more precise and to speak to principals.

- President Guy and Commissioner Parker stated that the expectation is to incorporate these standards into Policy 24, which is scheduled before the Health Commission in two months.

- Commissioners Chow and Guy urged that the Community Advisory Committee for Policy 24 invite representatives from the GLBT Task Force on Standards of Care to work together on this issue.

Public Comments

Gloria B. Soliz, Coalition of Lavender Americans on Smoking and Health, and GLBT Task Force Standards of Care, stated that the standards were working documents that should be provided separately to the GLBT community, and to their providers. She also believed that the document should be placed on line.

Clair Skeffington, DPH Finance and Operations, said that the standards are a wonderful start and inclusionary. She would like to see the percentages of staff sent to culturally competency training.

Dr. Suzanne Dibble, U.C., expressed an interest in Standard 4 (Standard 4 states that any research conducted by, through, or in conjunction with DPH shall include GLBT individuals and their families and shall include, where appropriate, questions on sexual orientation, behavior, and gender identity along with other socio-demographic variables).

7) OTHER BUSINESS/PUBLIC COMMENTS

Paul Hendrickson, Bayview Clubhouse, stated that he is a consumer and is not receiving the services that he expects from the Bayview Hunters Point Foundation (BVHP). He stated that the BVHP is not trying to hire for service positions.

Linda Zaretsky is the President BVHP charter, Local 790. She stated that DPH officials have worked hard with BVHP, but that it has not helped. Ms. Zaretsky stated that fewer children are served today than in 1997. She said that the BVHP administration and board have been unable to collaborate with mid level staff, community, and DPH, especially in the area of mental health. She asked for the Commission's help.

Faye Roe, is a local representative for BVHP union members. Referring to BVHP, she stated that the quality of care will suffer with the low salaries of staff. Ms. Roe said that the BVHP administration is incapable of collaboration with the workers, consumers, and the community.

Dale Butler, staff person, Local 790, stated that in his union of over 30,000, workers do not suffer as they do in BVHP. He stated that BVHP returned unspent money because it failed to provide services, and does not pay sufficiently high wages.

8) CLOSED SESSION

a. Public Comment on All Matters Pertaining to Closed Session

None.

b. Vote to Whether to Hold a Closed Session to Confer With Legal Counsel. (San Francisco Administrative Code Section 67.11(a)

Action taken: The Commission voted to hold a closed session.

The closed session began at 4:45 p.m.

c. Closed session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.11(b)

Conference with Legal Counsel – Existing Litigation

Proposed total settlement of $50,000 in Khary Butler vs. CCSF, San Francisco Superior Court, Case # 993-756

d. Reconvene in Open Session

1) Possible report on action taken in closed session (Government Code Sections 54957.1(a)(2) and San Francisco Administrative Code Section 67.14 (b)(2)

Action taken: The Commission approved the proposed settlement of 50,000.

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.14(a))

Action Taken: The Commission voted not to disclose any discussions held in closed session.

This closed session ended at 5:10 p.m.

9) CLOSED SESSION

a. Public Comment on All Matters Related to the Closed Session

None.

b. Vote on Whether to Hold a Closed Session Pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

Action Taken: The Commission voted to hold a closed session.

The closed session began at 5:15 p.m.

c.. Closed session pursuant to Government Code Section 54957 and San Francisco Code Section 67.10(b)

Public Employee Hiring: 1551 Executive Secretary to the Health Commission

d. Reconvene in Open Session

1) Possible report on action taken appointing the Executive Secretary to the Health Commission (Government Code Section 54957.1(a)(5), and San Francisco Administrative Code Section 67.14(b)(4))

2) Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.14(a))

Action Taken: No report issued. The Commission voted not to disclose any discussions held in closed session.

The meeting was adjourned at 5:30 p.m.

Arthur R Greenberg

Arthur R. Greenberg
Interim Health Commission Secretary

Attachments (2)

City and County of San Francisco
Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

TO: Roma Guy, President and
Members of the San Francisco Health Commission

FROM: Mitchell H. Katz, M.D.
Director of Health

RE: Healthy Families and San Francisco Children's Health Insurance Updates

DATE: April 25, 2001

This memorandum provides an update on California's Healthy Families Program. In addition, it updates the Health Commission on San Francisco's proposed children's health insurance initiative.

HEALTHY FAMILIES – BACKGROUND INFORMATION

California's Healthy Families Program ("HFP") is designed to provide health, dental and vision care coverage to the State's uninsured children. The program is funded through Title XXI of the federal Social Security Act, which allocated $3.9 billion in block grants to states to expand health coverage to uninsured children of low to moderate income working individuals. On the federal level, this program is known as the State Children's Health Insurance Program (SCHIP). California named its program Healthy Families. With the 1999 eligibility expansion, it is estimated that Healthy Families could cover 600,000 children if all eligible children enrolled. (In 1999 regulations expanded eligibility to additional legal immigrants and certain children under one year old, and the family income eligibility level was raised from 200 to 250% of the federal poverty level or FPL.) The California Managed Risk Medical Insurance Board (MRMIB) has administrative responsibility for the Healthy Families Program (HFP).

Current eligibility is as follows:

- children from birth up to his or her 19th birthday,
- family income must be between 100 to 250 percent of the FPL,
- child must not be eligible for no-cost Medi-Cal coverage,
- child must not have been covered by a public, private, or employer-sponsored insurance policy within the previous three months,
- child must be a U.S. citizen or eligible legal immigrant,
- child must live in California, and
- child must have no health insurance.

HFP does not cover all uninsured children because:

- some uninsured children are eligible for Medi-Cal but not enrolled,

(5) 554-2600 101 Grove Street San Francisco CA 9410

- some uninsured children are eligible for Medi-Cal but not enrolled,
- some uninsured children reside in families with household income over 250% FPL, and
- some uninsured children are ineligible for HFP due to their legal status (e.g., undocumented residents).

Families pay a monthly premium based on their income, family size and the type of health plan they choose. In addition, families pay co-payments for some non-preventive services. Families that pre-pay three consecutive months of premiums receive the fourth month free. If coverage is cancelled due to non-payment of premiums, a family may be required to wait up to six months before it can re-enroll its child(ren).

For San Francisco families the premium cost for HFP is as follows:

	Insurance Premium					
San Francisco	**Category A 0-150% of FPL**		**Category B 151-250% of FPL**			**Dental Plans**
Health Plans	1 Child	2 or more	1 Child	2 Children	3 or More	Access Dental Delta Dental DentiCare
Community Provider Plan						
San Francisco Health Plan	$4	$8	$6	$12	$18	**Vision Plan**
Other Plans Available						
Blue Cross HMO	$7	$14	$9	$18	$27	Vision Service Plan (VSP)
Blue Shield HMO	$7	$14	$9	$18	$27	
Health Net	$7	$14	$9	$18	$27	
Kaiser Permanente	$7	$14	$9	$18	$27	

The Community Provider Plan includes the highest percentage of safety net providers (e.g., CHDP providers, clinics and hospitals that serve low-income populations). Families receive a premium discount if they choose the Community Provider Plan. The San Francisco Health Plan (SFHP) was again designated as the Community Provider Plan in San Francisco for 2001-2002. SFHP has had this designation since the beginning of the HFP.

HEALTHY FAMILIES – PROGRAM EXPANSIONS AND ENHANCEMENTS

Since its beginning, funding for HFP has been expanded incrementally to cover more children. Program expansions and enhancements can occur either through the State's budget process, legislative process or through administrative changes. Since 2000, changes to HFP occurred in three main areas:

- **Budget increases to cover program growth.** Both the 2000-2001 State Budget and the 2001-02 Budget proposal increase funding for the HFP to cover additional children.
- **Increased budget funds to expand outreach efforts.** The State acknowledges that intensive outreach efforts are necessary to enroll all eligible children in health care coverage programs, with a particular emphasis on "harder-to-reach" populations.

- **Coverage of legal immigrants through budget allowances and legislation.** Initially, all legal immigrants who entered the U.S. after 8/22/96 were ineligible for the HFP. In July 1999, legal immigrants who entered on or after 8/22/96 were made eligible for one year with the requirement that they re-enroll each year. Health care coverage was provided through State general funds only. In 2000, Governor Davis signed legislation that provides continued eligibility for legal immigrants regardless of when they entered the U.S., if State funding is available.
- **Created a Family Contribution Sponsorship.** This option allows certain organizations and individuals to pay the monthly premiums for children newly enrolled into the Healthy Families Program.

State Budget

With respect to program enhancements via the State budget, the following HFP changes occurred through the 2000-01 budget:

- $414.8 million was budgeted to cover the HFP caseload, estimated at 511,000 children by June 30, 2001,
- an additional $10 million was allocated to outreach and education to increase media efforts, enhance the toll-free help line and support local outreach efforts,
- health plans were give authorization to provide application assistance directly to their HFP members to assist in retention efforts (in addition, HFP plans that also participate in the Medi-Cal program can provide assistance to Medi-Cal recipients during the re-determination process in order to retain coverage) and
- funding was budgeted to provide an additional year of coverage for legal immigrant children who had enrolled into the HFP the previous year.

For the 2001-02 budget, the Governor proposes the following program expansions:

- cover an additional 106,000 children and fund this expansion with $74.4 million from the State's Tobacco Settlement Fund,
- expand outreach funding to $42.2 million of which $6 million will expand partnerships with schools and school-affiliated programs such as the Child Nutrition, Healthy Start and Head Start Programs and
- continue coverage for legal immigrant children.

State Legislation

In 2000, a significant number of bills were introduced regarding the Healthy Families program. However, Governor Davis signed the following bills that went into effect January 1, 2001.

Healthy Families Related Bills Passed in 2000

Bill	Summary
AB 2415 (Migden) Eligibility for Qualified Aliens	Requires that a child who is a qualified alien not be determined ineligible for the program solely on the basis of entry into the U.S. Allows implementation only to the extent that funding is provided in the annual budget.

In addition, AB 1015 (Gallegos), which was signed by the Governor, requires MRMIB to expand the HFP to uninsured parents of HFP eligible children starting July 2001. However, this bill cannot be implemented without federal authorization since it is contingent upon receiving federal financial participation. Many of the bills that were not signed in last year's legislative session were reintroduced in the 2001 session. While the Legislature has been active in this arena, the State's energy crisis will most likely be an obstacle to obtaining approval for any bill that requires additional funding to the HFP. The 2001 Healthy Families bills are summarized below. All of these bills (with the exception of AB 1401) have a fiscal impact and will likely become two-year bills while the energy crisis takes precedence.

Healthy Families Related Bills Introduced in 2001

Bill	Summary
AB 59 (Cedillo) Express Lane Eligibility	Implements express lane eligibility – provides that children who are enrolled in the Food Stamp, WIC or federal school lunch programs are deemed income eligible for Healthy Families and Medi-Cal.
AB 1401 (Thomson) Health Plan Enrollment	Requires, to the extent possible, that parents with children in both the Healthy Families Program and Medi-Cal place all of their children in the same plan.
AB 482 (Cedillo) Healthy Californians Program	Establishes the Healthy Californians Program, which would: • establish a health care coverage purchasing pool for small employers; • provide matching State funds for enrollees earning less than 250% of the federal poverty level; and • coordinate with Medi-Cal, Healthy Families and Access for Infants and Mothers (AIM) so that dependents eligible for those programs, and employees and their dependents 19 years of age or older provided health care coverage under the Healthy Californians Program, would all be served by the same providers.
AB 849 (Pavley) Info through Schools	Requires schools districts, when providing parents an application for participation in free or reduced-price meal programs, to also include a request form for information concerning Medi-Cal and Healthy Families.
AB 1527 (Frommer) Tobacco Settlement Funds	Provides that the State's tobacco settlement funds be used for, among other health care purposes, expanding access to health care services for uninsured or underinsured families and individuals, including the parents of children eligible for Medi-Cal or Healthy Families, and those served by community clinics and primary care clinics.
SB 276 (Speier) Info through Schools	Requires public schools to ask parents or guardians whether they would like information on Medi-Cal and Healthy Families.
SB 283 (Speier) Family Contribution Payment	Provides that the first month's family contribution under Healthy Families be considered as payment in full for an initial partial month as well as the first full month of coverage.
SB 493 (Sher) Express Lane Eligibility	Implements express lane eligibility – provides that children who are eligible for the Food Stamp, WIC or federal school lunch programs are deemed income eligible for Medi-Cal and Healthy Families.

Bill	Summary
SB 719 (Poochigan) Tax Credit	Provides a tax credit for the amount paid by a taxpayer for health insurance for a family member who is eligible for Healthy Families but does not utilize the Healthy Families program.
SB 1038 (Polanco) California Healthy Families Vaccine Purchase Act	Enacts the California Healthy Families Vaccine Purchase Act, which authorizes MRMIB to allocate funds to purchase covered vaccines under Healthy Families, and to distribute them free-of-charge to practitioners and requires practitioners to provide vaccines to eligible children free of charge.
SB 1168 (Alpert) Assistance Projects	Establishes a grant program for independent health care consumer assistance projects that target Medi-Cal and Healthy Families eligibles.

HFP Administration

In 2000, Managed Risk Medical Insurance Board introduced the Family Contribution Sponsorship program. A Family Contribution Sponsor is an organization or individual that registers with HFP and can pay the family contribution on behalf of an applicant for their first 12 months in the program. The sponsorship option was created because there was concern that some parents were not enrolling their children into the program because they could not afford the premium. The federal government approved the family contribution sponsorship component. Any organization and/or individual who has financial interest in the HFP or a financial interest in the provider or health plan selected by the family is prohibited from being a sponsor to avoid any conflict of interest. The following organizations and individuals are excluded from being sponsors:

- a person that is a health care provider that participates in the HFP or an organization composed primarily of or controlled by such persons,
- an entity, including governmental, school, non-profit and charitable organizations, that is or that operates, an institution or facility that is a health care provider that participates in the HFP,
- a participating health plan and
- any person or entity acting on behalf of or representing a person or entity listed above.

HEALTHY FAMILIES – ENROLLMENT AND RETENTION

The Healthy Families Program has been in operation for almost three years (the program began July 1998). As of early April 2001, 412,000 children were enrolled in the program statewide. Not surprisingly, 61% of the enrollment is in the State's most populous counties – namely, Los Angeles, Orange, Riverside, San Bernardino and San Diego. San Francisco's current enrollment in Healthy Families is 8,756.

The current estimate is that 535,000 children (range of 455,000 to 614,000 children) are eligible for the Healthy Families program, which means that the program has enrolled approximately 77% (412,000 children) of the eligible population. It is important to note that the total number of eligible children changes each year because it is based on the annual Current Population Survey.

In addition, because to the sample size and methodology used for the Current Population Survey county-level estimates of the number of eligible Healthy Families enrollees are not available. Attachment A provides a timeline depicting statewide Healthy Families enrollment.

On average, MRMIB enrolled 16,621 new subscribers a month into the HFP (based on enrollment data for the time period July 1998 to March 2001). Attachment B provides a program enrollment history in the HFP. Since the program's inception, over 565,000 children have been enrolled in the program. Overall state-wide retention in the Healthy Families Program for all children that enrolled from July 1998 to December 1999 is 76%. This compares favorably with the individual market, which reports a 60-70% retention rate nationally. According to MRMIB, "[i]n the insurance industry, the retention rate generally refers to the year to year stability of the enrolled population. The retention rate answers the question: if 100 children enroll today, how many will still be enrolled at the end of a year?" The State has not produced retention rates by county.

Families leave the program for a number of reasons – some avoidable and some unavoidable. Many families may disenroll their children due to "unavoidable reasons" such as the child turns 19, family obtains other coverage, immigration or citizenship documentation not provided or ineligible at the annual eligibility review. There are also potentially "avoidable reasons" which, unfortunately, account for many disenrollments. Avoidable reasons are comprised mostly of incomplete annual eligibility review information and non-payment of premiums. With respect to annual eligibility review, the State is examining ways to improve the process and retain children in the program. With respect to non-payment of premium, it is important to note that this category encompasses several reasons such as problems with billing, inability to afford the premium, relocation out of the State and obtaining other coverage. State-wide, one-third of all disenrollments are unavoidable and two-thirds are potentially avoidable. Attachment C provides a graphical representation. MRMIB is in the process of addressing these issues by exploring opportunities to make improvements in both the billing and annual eligibility review processes.

State-wide, in the past year, there has been a significant increase in disenrollments from the program. A total of 130,423 subscribers have left the program since it began in July 1998, however, 85% (110,931) of those subscribers were disenrolled from April 2000 through February 2001. Of all program disenrollments, 30% (39,024) were unavoidable and 70% (91,399) were avoidable. Statistics indicate a similar trend in San Francisco. Since implementation, 2,332 San Francisco children have been disenrolled from the HFP, but 92% of San Francisco's disenrollments (2,147) occurred from April 2000 and February 2001. During that time period, on average 195 San Francisco children were disenrolled from the program on a monthly basis. The increase in disenrollments can be partially attributed to the fact that many children may have been going through their annual eligibility review and may not have completed the process.

The table on the following page provides the Department's analysis of the net increase in HFP enrollment.

	New Subscribers (Monthly Avg)	Disenrollments (Monthly Avg)	Net Increase (Monthly Avg)
California			
Since 7/98	16,830	6,521	10,309
4/00 – 2/01	21,832	10,085	11,747
San Francisco			
Since 7/98	Not Available	73	Not Available
4/00 – 2/01	316	195	121

HEALTHY FAMILIES – SAN FRANCISCO SPECIFIC DATA

As noted above, San Francisco's enrollment within Healthy Families is 8,756 which represents 2.12% of the total children enrolled statewide.

Single Point of Entry

The Single Point of Entry system allows the joint Healthy Families/ Medi-Cal for Children applications to be sent to one location for eligibility determination. If the applicant is deemed to be eligible for Medi-Cal it is returned to the county's human services department for processing. MRMIB's Single Point of Entry system has been successful in identifying which program a family is eligible for and forwarding the application to the appropriate program. As a result, this reduces the number of ineligible families assuming that the family submits all of its required documentation. San Francisco has a higher proportion of applications sent to HFP through the Single Point of Entry system than the State. The higher proportion of applications forwarded to Healthy Families versus Medi-Cal in San Francisco reflects the higher income level of San Francisco residents. The distribution of applications going through the Single Point of Entry system from April 2000 to March 2001 was as follows:

Area	**Total Applications (Medi-Cal and HF)**	**Avg Applications Per Month (Medi-Cal and HF)**	**% of Children HFP**	**% of Children Medi-Cal**
San Francisco (4/00 – 3/01)	3,131	261	83%	17%
California (4/00 – 3/01)	263,676	21,973	70%	30%

Statewide, in the last year approximately 21% of families indicated that they would prefer not to have their application considered for Medi-Cal, even if they are eligible for the program and not eligible for Healthy Families. This is a significant decrease from 31% a year ago. The figures suggest that although families still seem to perceive Medi-Cal as less desirable, more families are willing to accept Medi-Cal coverage.

Enrollment by Ethnicity
By ethnicity, San Francisco's enrollment is as follows:

Ethnicity	Percentage
Asian-Amer/Pacific Islander	76.7%
Latino	13.8%
Not Given	6.7%
Caucasian	1.4%
African-American	1.2%
Native American	0.2%

Enrollment by Health Plan
By health plan, San Francisco enrollment is the following:

Health Plans	Dental Plans
* San Francisco Health Plan (4,974; 58%)	* Delta Dental (8,081; 94.7%)
* Blue Cross HMO (2,893; 34%)	* Denticare (402; 4.7%)
* Kaiser (298; 3.5%)	* Access Dental (47; 0.6%)
* HealthNet (226; 2.6%)	
* Blue Shield (139; 1.6%)	

Vision Service Plan (VSP) is the only vision plan available to Healthy Families enrollees state-wide, thus VSP coordinates vision care for all of San Francisco's enrolled children.

The San Francisco Health Plan (SFHP) has significantly more HFP members than any other health plan in San Francisco. On a monthly average they gained 180 new members per month and 127 disenrolled, providing a net increase of 53 members per month. It is important to note that 1,395 of the 1,576 disenrollments that the SFHP has had to date occurred during the time period April 2000 to February 2001.

Reasons for Ineligibility
Approximately 1,961 San Francisco children have been determined to be ineligible for Healthy Families since the beginning of the program. State statistics on the next page indicate the following reasons:

Reason for Ineligibility	Number	Perc.
Application not completed within 20 days	793	40.4%
Eligible for Medi-Cal	470	24.0%
Currently enrolled in Medi-Cal	177	9.0%
Income greater than 250% FPL	164	8.4%
Ineligible immigration status	97	5.0%
Income between 200% and 250% FPL *(prior to 12/99)*	86	4.4%
Missing/Invalid employer coverage info.	62	3.2%
Other	49	2.5%
Entered US after 8/22/96	30	1.5%
Older than 19 years	19	.9%
Child younger than 1 year *(prior to 12/99)*	14	.7%
Total	**1961**	**100%**

HEALTHY FAMILIES – COMMUNITY HEALTH NETWORK PARTICIPATION

Healthy Families members may choose a primary care provider (PCP) or clinic that is affiliated with the Community Health Network (CHN) or four other participating medical groups when they join the San Francisco Health Plan (SFHP). By percentage, membership in these medical groups is as follows:

Medical Group	Membership Percentage
North East Medical Services/California Pacific Medical Group	42.5
Community Health Network	27.9
Chinese Community Health Plan	20.0
St. Luke's Physician Hospital Organization	7.6
UCSF Medical Group	2.0

The CHN acts as participating medical group for Healthy Families through the San Francisco Health Plan. CHN currently provides care for 1,363 Healthy Families enrollees. The CHN is not a provider for any other health plan participating in Healthy Families.

The CHN's Healthy Families provider network essentially mirrors the Medi-Cal managed care network of SFGH, community-oriented primary care clinics, hospital-based clinics, San Francisco Community Clinic Consortium clinics, and independent affiliated providers, with the exception of providers and sites that do not offer services to children. By location, the CHN's members are distributed in the following manner (next page):

Location	Number	Percentage
DPH Community Clinics	738	54%
Consortium Clinics	355	26%
Hospital-Based Clinics	238	17%
Affiliated Providers	32	2%

HEALTHY FAMILIES – PROPOSED PARENT EXPANSION

The most significant recent activity surrounding the HFP relates to the State's proposal to extend Healthy Families coverage to parents. In December 2000, the State submitted an 1115 waiver demonstration proposal to the federal Health Care Financing Administration (HCFA) requesting that California be allowed to enroll parents in its State Children's Health Insurance Program (SCHIP). As you are aware, SCHIP is the federal program designed to expand coverage to uninsured children. California's Healthy Families Program operates under this federal program. The Department is supportive of the State's waiver and views it as another avenue for achieving the City's goals of expanded health care coverage for uninsured residents.

The State is interested in using parent coverage as a vehicle for enrolling more children. A recent study cited by the State found "that programs offering family-based expansions would enroll 75% of eligible children while the children-only expansions enroll 45% of eligible children." The five-year waiver is being requested because the State believe that:

- providing family coverage will increase the number of eligible targeted low-income children that enroll in coverage,
- providing comprehensive health coverage will improve the health status of covered children and their families and
- providing coverage for families provides support to workers who are not offered health insurance or can not afford it.

It is estimated that only 60% of California's eligible children are currently enrolled in Healthy Families. Under the waiver, approximately 290,000 parents of children in either the Healthy Families or no-cost Medi-Cal programs would receive health insurance through Healthy Families.

Federal Waiver Submission Criteria

The State was able to submit this waiver after the Health Care Financing Administration (HCFA) issued guidelines for 1115 waiver demonstration projects for SCHIP. The guidelines were issued by the Clinton Administration in the fall of 2000. The federal government's primary interest is in ensuring that states achieve SCHIP's main goal of providing coverage to uninsured children in low- to moderate-income families. To this end, HCFA indicated its support for demonstration initiatives that expand coverage to low-income parents. HCFA will not consider any waiver that reduces benefit for children below the minimum requirement of the law or that would require cost sharing above the limits allowed by law.

The federal government requires the following of all State waiver requests:

- the State must be covering children up to age 19 with family incomes up to at least 200% FPL (the target income range under the SCHIP law),
- at all times, the State's program must be enrolling children on a state-wide basis and cannot have a waiting list,
- the State must have a least one year of experience providing child health assistance under SCHIP,
- the State must have submitted all of the required evaluations and enrollment reports,
- the State must demonstration that the application and re-determination processes for SCHIP and Medicaid promote enrollment and retention – at least three of the following must be in place:
    - use of joint-mail-in application and a common application procedure
    - elimination of asset test
    - 12-month continuous eligibility
    - procedures that simplify the re-determination/coverage renewal process by allowing families to establish continuing eligibility by mail
    - presumptive eligibility for children
- the State must cover lower income individuals in a target group before covering higher income individuals in that group.

In January 2001, HCFA approved similar waivers for New Jersey, Rhode Island, and Wisconsin. Each of these states is now able to offer SCHIP benefits to parents:

- *New Jersey*: The state will enroll the parents of children who are eligible for Medicaid and SCHIP and have family incomes up to 200% FPL. In addition, the state will cover pregnant women with incomes between 185 and 200% FPL. Services will be provided through New Jersey's KidCare program.
- *Rhode Island*: The state will enroll parents with incomes between 100 and 185% FPL and pregnant women with incomes between 185 and 250% FPL. Both groups will receive care under the existing RiteCare program.
- *Wisconsin*: The state will enroll parents with incomes between 100 and 185% FPL. They will receive care under the existing BadgerCare program and will receive the Medicaid benefit package.

In addition to the federal guidance, legislative initiatives have been introduced in Congress to expand the State Children's Health Insurance Program to adults. The Department is actively monitoring these efforts and working with the City's federal lobbyist to comment on these bills as appropriate.

California's Healthy Families Parent Coverage Proposal

Below is a summary of California's waiver proposal. The waiver proposal consists of two components, one related to expansion of coverage and the other related to certain public health initiatives. In order to have the waiver approved by the federal government, the State must stay within its State CHIP funding allocation -- expanding coverage to parents cannot result in increased federal funds. Attachment D provides the State's estimates of the cost of providing coverage to children and parents under the proposed waiver.

While the initial waiver proposal was submitted in December 2000, it was subsequently revised in March 2001 in response to public input (both written comments and verbal testimony) and feedback from HCFA. As of this date, HCFA has not yet approved the State's waiver. MRMIB has indicated that it would need four months to implement the expansion program from the date that the waiver is approved.

The modified waiver proposal contains the following features:

Eligibility

- Covers parents up to 200% FPL (a yearly income of $29,260 for a family of three). This is a lower than the level used for children whose eligibility extends to 250% FPL. According to the State, their rationale for setting this lower level is essentially three-fold, the state is attempting to avoid crowd-out (i.e., encouraging adults to replace their existing employer-based coverage with publicly funded health coverage), acknowledging financial constraints and making children's coverage the main priority.
- Parent is defined as an adult with whom the child resides who is a natural or adoptive parent, stepparent, legal guardian, or caretaker relative. (This is the same definition used by Medi-Cal.)

Application Process

- Applications will be screened through the State's Single Point of Entry.
- Parents will have the same enrollment rules as children (e.g. continuous eligibility).
- Certified Application Assistants will continue to be reimbursed for assisting Medi-Cal and Healthy Families program applicants.

Benefits

- Benefits are based on the State employee health plan (CalPERS). It is the same benefit package offered to children (including health, vision and dental coverage).

Cost-sharing

- The monthly premium for families at or below 150% of FPL is $10 per month, per parent; and for families above 150% of FPL is $20 per month, per parent.
- Parents choosing the Community Provider Plan will receive a $3 monthly discount (if at or below 150% FPL) or $6 monthly discount (if above 150% FPL).
- Health, mental health and vision service co-payments are $5 and the co-payment maximum is $250 per family per year. Dental co-payments are higher, as they are patterned after the CalPERS program.
- The Family Contribution Sponsorship rules will be modified to encourage third party sponsorship of premiums for families facing difficulty paying their monthly premiums.
- Families will receive a 25% discount off their monthly premium when they use electronic fund transfers to make payments.
- Premium payment will be calculated to begin at the first day of the first full month of coverage (i.e., there will be no partial month, pro-rated premium).

Outreach

- Outreach efforts will be expanded to add more school-based outreach activities.

- The Medi-Cal/Healthy Families program joint media campaign will be modified to include parents.

As part of the demonstration project proposal, the State added a provision of additional benefits or services to children. These public health initiatives include a Rural Health Demonstration Project, a Youth Tobacco Prevention Demonstration, and a County Public Health Initiative.

Rural Health Demonstration Project (RHDP)

- Goal is to address unique access barriers of special populations and HFP subscribers residing in rural areas.
- Expansion of Health Families' existing RHDP.
- Funding to address infrastructure needs of providers (health, dental and vision).

Youth Tobacco Prevention Demonstration

- Goal is to reduce the use of tobacco products by persons under 21 in community settings.
- Contracts will be awarded to governmental and non-governmental entities.
- Funding will be given for new activities only.
- Possible programs include smoking prevention and cessation services targeted at youth and parents of eligible children, community-based projects that influence youth use of tobacco projects, and enforcement of tobacco control laws.

County Health Initiative

- Goal is for local public health departments to enhance and improve the health of children in California.
- Ten counties will be funded under this waiver application.
- Funding is $150 million ($100 million from Title XXI Federal match).
- Competitive contracts will be awarded to county and city health departments based upon creative and effective methods to meet specific needs put forth by the State.
- Funding also only given for new activities only.
- Possible programs include construction and renovation of old and outdated public health buildings, linking local prevention and health promotion programs and targeting local enrollment and special service programs using data from the California Health Interview Survey.

Because the City and County of San Francisco does not have a designated rural area, the Rural Health Demonstration Project would not be an option. However, the Department would be eligible to apply for the other two public health initiatives. While the Department applauds the State's inclusion of these public health initiatives in the waiver, it is not clear that the initiatives meet HCFA's waiver guidelines. HCFA requires that any demonstration waiver advance the federal objective of increasing health coverage for children. Though these initiatives would fund worthwhile programs, it is not entirely clear how a youth tobacco prevention program, for example, will directly lead to increased Healthy Families enrollment. Either the State and/or HCFA may choose to carve out these initiatives when considering approval of the parental coverage proposal.

HEALTHY FAMILIES – HEALTH PLAN CONSUMER SURVEY

In 2000, the Managed Risk Medical Insurance Board (MRMIB) conducted the first Healthy Families consumer survey of health plans to: (1) assess the satisfaction and experience families were having with participating health plans and (2) provide existing and potential HFP applicants with information about their health plan options. Dental and vision plans were not surveyed as part of this effort.

Given that this is a new program, the State is particularly interested in understanding how families are faring and where improvements can be made. The State's primary objectives are to enhance the quality improvement of participating health plans and provide data to the public. In Spring 2001, MRMIB will release program-wide HEDIS results collected in December 2000 and in 2002, plan-specific HEDIS results will be released. In addition, the State will conduct a children's health assessment survey which is designed to implement a mechanism to measure changes in health status for HFP subscribers. Survey findings will be available in mid-2002. All of these efforts are designed to improve the quality of care provided under the HFP.

For the health plan consumer survey, MRMIB mailed out 20,355 satisfaction surveys to HFP families in August 2000. The surveys were sent in five languages: English, Spanish, Chinese, Vietnamese and Korean. Families with children ages 12 years and younger, who had been continuously enrolled in the plan for at least six months as of June 2000 were selected. The survey asked families about their experiences with the health care their children received in the last six months. Twenty-four health plans were included in the survey. If a health plan had a large enrollment, then 1,050 families were surveyed. For health plans with fewer than 1,050 families that met the selection criteria, all families with children who met the selection criteria were selected. The survey response rate was 65%, a very high response rate by any standard. Each participating health plan had a response rate that exceeded the targeted response rate of 45%.

With respect to the San Francisco Health Plan (SFHP), 1,050 families were sent surveys. The language distribution of the surveys was as follows: 700 in Chinese, 204 in English, 4 in Korean, 137 in Spanish and 5 in Vietnamese. As it turns out, of the total 1,378 Chinese language surveys sent by MRMIB, 700 (51%) were sent to SFHP members. This was due to the fact that the majority of the SFHP's HF population is Chinese speaking.

Overall, members expressed high satisfaction with HFP health plans, with ratings that were equal to or higher than the average ratings of commercial health plans. The categories and the percentage of respondents expressing satisfaction (i.e., choosing a score of 8, 9 or 10 on a scale of 1-10) are noted on the following page:

Average Percent Expressing Satisfaction

Surveyed Category	HFP (Children)	CalPERS (Adults)	PBGH (Adults)	SFHP (HF Children)
Overall rating of health plans:	83%	54%	58%	76%
Overall rating of health care:	79%	---	66%	66%
Overall rating of personal doctor or nurse	78%	69%	72%	68%
Getting needed care:	83%	---	70%	64%
Getting care quickly:	70%	---	72%	63%
How well doctors communicate:	86%	---	86%	82%
Courteous and helpful office staff:	87%	---	89%	79%

While customer service was included in the survey, the results are not being released by MRMIB because of concerns that some survey respondents may have confused the health plan's customer service with Health Families' state-wide customer service when giving response. Many members are sometimes perplexed by the relationship between their health plan, MRMIB and the state's administrative vendor for the HFP (Electronic Data Systems). Electronic Data Systems (EDS) reports that it receives numerous calls from HFP members (of all languages) with questions related to health plan issues such as changing primary care providers. The San Francisco Health Plan also found that confusion exists -- particularly for its Chinese-speaking members because the words for "program" and "plan" in Chinese are similar. For example, many of the San Francisco Health Plan's Chinese-speaking members have had the following experiences with the state-wide customer service:

- difficulty accessing a customer service representative at EDS (long waits are apparently routine),
- great confusion surrounding premium information (SFHP customer service staff cannot assist members in this area because only EDS financial/billing information) and/or
- lack of translation for key documents.

As a result, survey results were considered questionable and MRMIB decided not to publish the customer service satisfaction results for any plans due to concern that the results were skewed by EDS' performance. The survey findings also revealed that every health plan that scored in the bottom third had over 8% of its members who spoke an Asian/Pacific Islander language and no plan in the top third had more than 2% of its members who an spoke Asian/Pacific Islander language. It is unclear whether and how MRMIB might explore the effect of language and culture on survey responses.

In addition, families were asked to survey their overall rating of specialist, however this information will not be provided as part of the survey results. This may be due to the fact that more families make their decisions on which health plan to enroll in based on the ratings of health care, access, and primary care provider rather than the rating of a specialist. Attachment E is the draft document of how the survey results will be presented to families who either currently have a child(ren) enrolled in HFP or are potential subscriber families. As the attachment notes, information is available on each participating health plan by survey category. Survey findings will be provided to families as part of the HFP handbook and the annual open enrollment package.

The San Francisco Health Plan (SFHP) results show that 92% of the respondents gave SFHP a score of 6 or higher, with 76% reporting that SFHP is an excellent health plan (scores of 8 and higher). However, survey results for the SFHP were lower than the average, causing the health plan to closely explore these results and plan for improvements. SFHP has reviewed the findings and is using this research to guide improvements in their services to members. Given that a majority of the health plan's membership is Chinese-speaking, the health plan already did the following:

- employed a full-time Chinese-speaking customer service representative,
- employed a full-time Chinese-speaking community outreach worker,
- translated all materials into Chinese and
- contracted with medical groups with Chinese speaking practitioners and staff to serve these members

The SFHP held a focus group of Asian-speaking HFP members to try to understand the survey results better. As a result, steps have already being taken to make improvements in areas such as:

1. Dissatisfaction among Asian-speaking HFP members with the customer service provided by Electronic Data Systems (EDS) and SFHP. There is not a clear distinction among some members between EDS and the health plans' customer service. MRMIB has not published customer satisfaction results due to this confusion. Moreover, there is a great deal of anecdotal evidence suggesting that EDS provides particularly poor service to Asian-speaking members, the majority of whom are SFHP members. Actions prompted by this result include:
   - a focus group of Asian-speaking members to try to understand the survey results better,
   - creating and implementing an intensive training program for customer service representatives,
   - hiring additional customer-service staff -- with over 50% now speaking one or more Asian languages, and
   - a visit to the EDS call center to find ways to improve service to Asian members.

2. Dissatisfaction with SFHP's written materials. A significant number of SFHP's members had some problems finding or understanding information in their child's health plan's written materials. In order to improve in this area, SFHP is:
   - revising its new member packets,
   - creating a "Who to Call for What" page in its handbook and provider directory and
   - translating more materials into Chinese.

HEALTHY FAMILIES – OUTREACH AND EDUCATION EFFORTS

State Efforts

In early 2001, the State began a new advertising campaign highlighting both Healthy Families and Medi-Cal for Children. The new ad campaign targets a culturally diverse audience with television, radio, print and outdoor ads, and educates families about such program components as cost, choice and breadth of coverage, the short mail-in application, program expansions, and free application assistance. With this ad campaign, the State hopes to increase enrollment by reaching those families who are still unaware of their health coverage options, or have been deterred by applying by previous barriers.

Local Outreach

Statewide advertising and education must be combined with local efforts to be truly effective. San Francisco continues to increase its varied and innovative outreach, targeted to meet local needs and utilize strong local resources. The activities highlighted below summarize the main efforts that the Department has been involved in, and most will continue through 2001 and beyond.

- **Bringing Up Healthy Kids (BUHK) Coalition:** The Department, in participation with BUHK, actively promotes and advocates for insurance coverage for the City's children and youth, and works to enroll all eligible children in the appropriate public programs. BUHK completed its second year of conducting successful school-based outreach managed by Health Access and in collaboration with the San Francisco Unified School District. Through this effort, applications were submitted for 697 children from March 2000 through February 2001. More than half of these children were enrolled in Healthy Families, while the rest were enrolled in Medi-Cal for Children or California Kids. The BUHK coalition has also targeted the Bayview Hunters Point, Chinatown and the Mission neighborhoods and through grant funding, hired and trained three outreach workers to enroll eligible children.

  In addition, BUHK has developed a relationship with the Department's Environmental Health Section to promote free and low-cost health care programs for children to restaurant management and workers. Currently, the two projects being done through this approach include:
    - Outreach workers attend the mandatory Food Service trainings and present information about Healthy Families and Medi-Cal for Children; and
    - Field Inspectors (in the target neighborhoods) have been trained, and are now sharing program information during restaurant visits.

- **Building a Healthier San Francisco Collaborative:** This collaborative includes hospitals, the United Way, the Department, the Department of Human Services, SFHP and other private agencies. They have developed a health insurance outreach/enrollment project based out of nine public elementary schools and middle schools in the Bayview Hunters Point, Visitacion Valley, and Excelsior neighborhoods. This project is in its beginning phases, with all the outreach workers hired and arrangements made at each school.

- **Department of Public Health/Family Service Agency Community Liaison:** The Department and the Family Service Agency have collaborated to hire and manage a Spanish-speaking community liaison working in the Mission district to conduct Healthy Families outreach and enrollment. Since its start in July 2000, this outreach has resulted in a total of 83 enrollees, with most eligible for Healthy Families and the others for Medi-Cal. This effort is scheduled to end in June 2001.

- **CHN Enrollment Activity:** The Department continues to lead and participate in a number of efforts to enroll all of the City's eligible children in either Healthy Families or Medi-Cal. Although challenges remain, efforts to identify obstacles to enrolling families and designing creative ways to overcome these obstacles are ongoing. The Department's eligibility workers are trained in all public benefit programs, and are also certified application assistants for Healthy Families. They are stationed at the main hospital and clinics throughout the city.

- **San Francisco Health Plan Faith-based Outreach:** SFHP has given presentations and done outreach at sixteen churches in San Francisco since September 2000.

UPDATE ON SAN FRANCISCO'S CHILDREN'S HEALTH INITIATIVE

In January 2001, the Health Commission adopted resolution number 4-01 expanding health care coverage to uninsured children and youth. The proposal provides comprehensive medical, dental and vision coverage to San Francisco children under 300% of the federal poverty level through the San Francisco Health Plan (SFHP). An estimated 5,000 children will be covered under this proposal. At this time, the Department estimates the program will be operational in January 2002 after the SFHP secures all necessary modifications to its license from the State Department of Managed Health Care.

Planning Activities

Since adopting the resolution, the following activities have been undertaken:

- *Advocacy Campaign*: Members of the Bringing Up Healthy Kids Coalition, Coleman Advocates, health advocates, the Department and others have worked collaboratively to raise the visibility of and support for the Department's proposal. Earlier this month a well-received press conference was held at Mission Neighborhood Health Center to launch the advocacy campaign. The advocacy strategies also include a letter/postcard writing campaign and bus shelter signs at Muni stops. Advocates also discussed the children's health insurance initiative with Supervisors during Coleman Advocates' "Speak Up for Kids Day" on April 12, 2001.

- *Gaining Public Support*: The following entities and/or organizations have given their support for the Department's Children's Health Insurance Proposal: Bringing Up Healthy Kids Coalition, San Francisco Unified School District, San Francisco Starting Points Initiative and the San Francisco Children and Families Commission. The Department has been making presentations to various groups on the proposal and will work to gain support for the measure from other City departments and commissions.

- *Outreach and Education*: The San Francisco Health Plan has developed a draft outreach plan for the program. The outreach plan includes: (1) community outreach and collaboration, (2) advertising, (3) public relations and (4) "in-reach" working with county the Medi-Cal office, clinics and hospitals. The outreach plan will lead by SFHP and will be implemented once program funding has been secured.

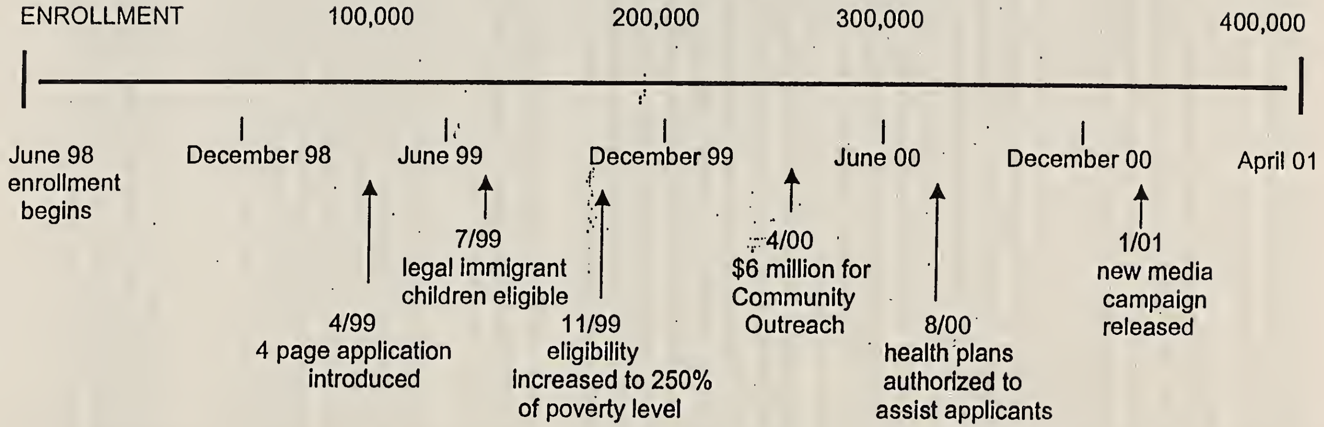
- *Planning Committee*: The Department is in the process of finalizing proposed membership for the Children's Health Insurance Planning Committee. The committee would be charged with assisting in the implementation of the proposed health insurance program for children. The planning committee would be co-chaired by the Department and the San Francisco Health Plan. The committee would make recommendations in such areas as outreach and education, coordination with existing programs, funding opportunities, application process, etc. In addition to the Planning Committee, an Outreach and Education sub-Committee will be formed. The sub-committee will assist in: (1) developing and helping implement an outreach plan, (2) identifying opportunities to coordinate with existing programs, departments and CBOs, and (3) helping publicize the program in the media.
The planning committee would terminate once the health insurance program is operational. Once the program is implemented, the SFHP would have day-to-day administrative oversight of all aspects of the program. The SFHP's governing body would be provided periodic reports and the Department will monitor this project through its programmatic and contracting processes. It is anticipated that the planning committee will begin meeting after the first of the new fiscal year (in July 2001).

- *Timeline*: The Department and the SFHP are in the midst of developing a detailed timeline for the planning and operational phases of this project. The goal is to implement the project in January 2002.

ATTACHMENT A

HEALTHY FAMILIES PROGRAM

Program & Enrollment Timeline


ENROLLMENT
100,000
200,000
300,000
400,000
June 98 enrollment begins
December 98
June 99
December 99
June 00
December 00
April 01
4/99 4 page application introduced
7/99 legal immigrant children eligible
11/99 eligibility increased to 250% of poverty level
4/00 $6 million for Community Outreach
8/00 health plans authorized to assist applicants
1/01 new media campaign released

California Managed Risk Medical Insurance Board

HEALTHY FAMILIES

ATTACHMENT B

Healthy Families Program Enrollment History

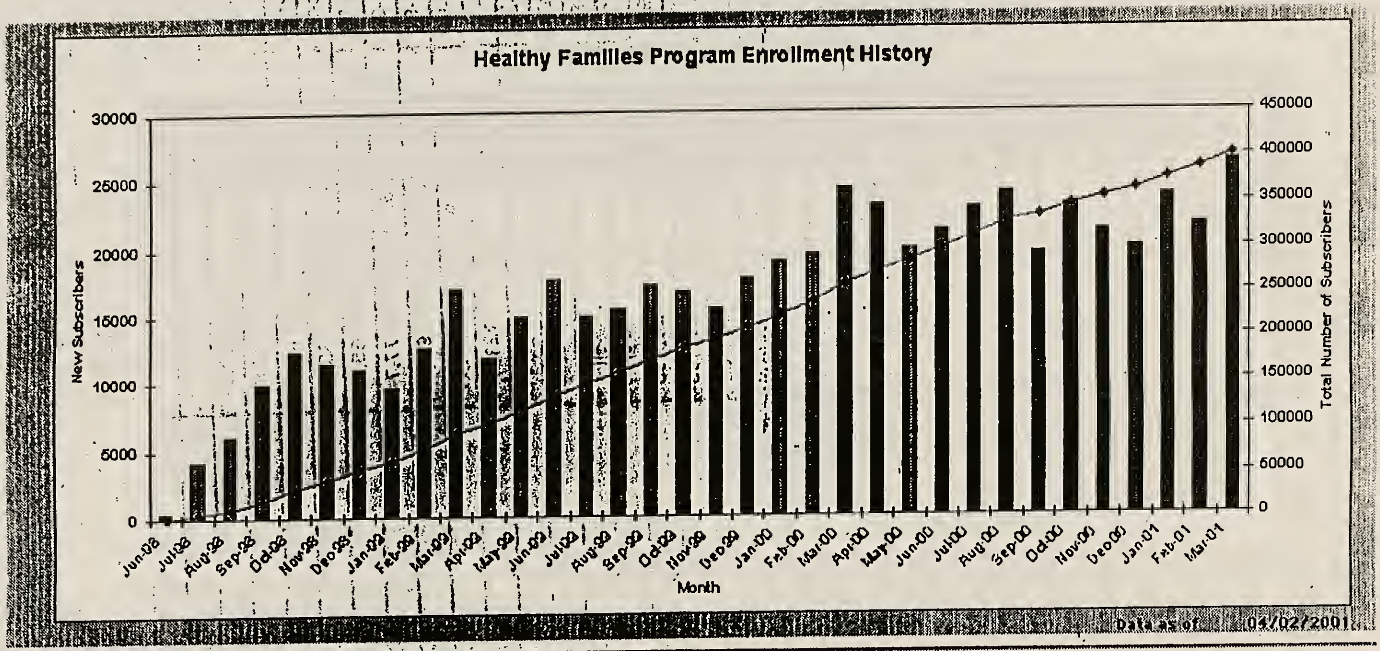
Month	New Subscribers	Total Enrollment	Total Number of Subscribers
Jun-98	497	497	497
Jul-98	4,265	4,762	4,758
Aug-98	5,983	10,745	10,728
Sep-98	9,872	20,617	20,577
Oct-98	12,377	32,994	32,922
Nov-98	11,445	44,439	44,227
Dec-98	11,071	55,510	55,088
Jan-99	9,611	65,121	64,369
Feb-99	12,626	77,747	76,434
Mar-99	16,953	94,700	92,879
Apr-99	11,791	106,491	104,323
May-99	14,785	121,276	118,031
Jun-99	17,643	138,919	134,143
Jul-99	14,885	153,804	147,390
Aug-99	15,345	169,149	160,297
Sep-99	17,184	186,333	174,456
Oct-99	16,617	202,950	186,600
Nov-99	15,444	218,394	197,008
Dec-99	17,664	236,058	209,456
Jan-00	18,969	255,027	223,002
Feb-00	19,371	274,398	237,782
Mar-00	24,324	298,722	256,994
Apr-00	23,115	321,837	271,823
May-00	19,814	341,651	284,611
Jun-00	21,201	362,852	298,560
Jul-00	22,914	385,766	312,458
Aug-00	23,932	409,698	327,915
Sep-00	19,556	429,254	335,128
Oct-00	23,034	452,288	346,563
Nov-00	21,209	473,497	354,702
Dec-00	19,956	493,453	362,681
Jan-01	23,786	517,239	375,169
Feb-01	21,609	538,848	386,190
Mar-01	26,170	565,018	412,354

HFP Report H

Data as of04/02/2001

5, 20

5.21



Top of

HFP Site

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Home

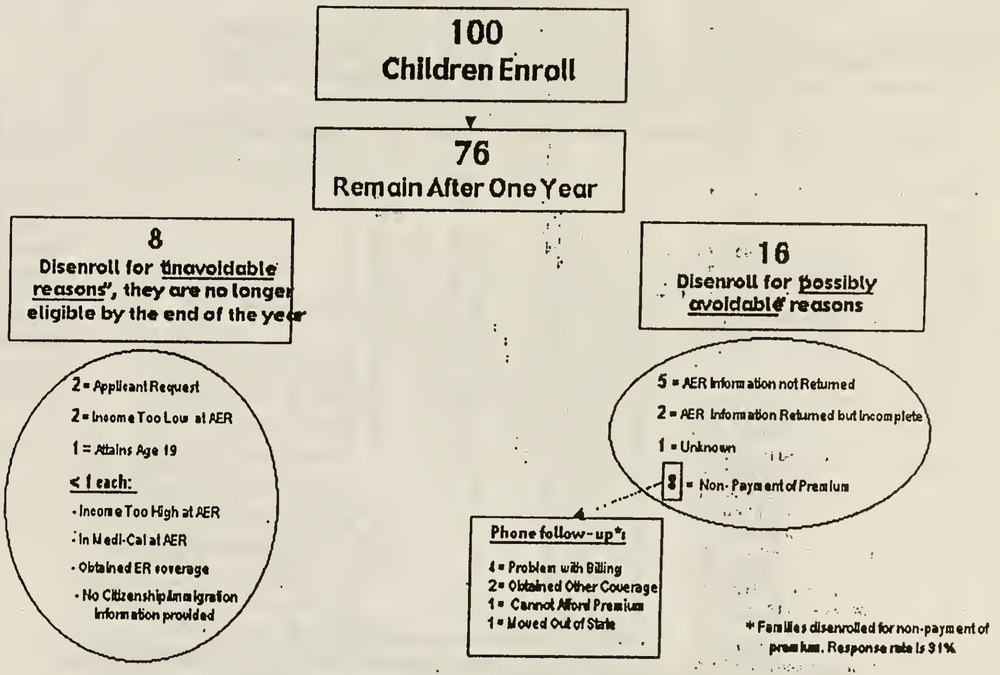
5.2

HEALTHY FAMILIES

HFP Retention and Disenrollments

Children enrolling July 1998 through December 1999

N = 229,655



100
Children Enroll

76
Remain After One Year

8
Disenroll for "unavoidable reasons", they are no longer eligible by the end of the year

- 2 = Applicant Request
- 2 = Income Too Low at AER
- 1 = Attains Age 19
- < 1 each:
  - Income Too High at AER
  - In Medi-Cal at AER
  - Obtained ER coverage
  - No Citizenship/Immigration information provided

16
Disenroll for "possibly avoidable" reasons

- 5 = AER Information not Returned
- 2 = AER Information Returned but Incomplete
- 1 = Unknown
- 8 = Non-Payment of Premium

Phone follow-up*:

- 4 = Problem with Billing
- 2 = Obtained Other Coverage
- 1 = Cannot Afford Premium
- 1 = Moved Out of State

* Families disenrolled for non-payment of premium. Response rate is 31%

ATTACHMENT C

ATTACHMENT D

STATE CHILD HEALTH INSURANCE PROGRAM (SCHIP) TITLE XXI FEDERAL FUNDS
TOTAL HEALTHY FAMILIES 1115 WAIVER PROJECTIONS (PARENTS AND CHILDREN) *
(DEMONSTRATION BEGINS 7/1/2001)

Dollars In Millions Title XXI Program (SCHIP)	BASE YEARS FFY 98	FFY 99	FFY 00	6 YEAR WAIVER FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06
Federal Funds Total Title XXI Appropriation	$ 4,295	$ 4,275	$ 4,275	$ 4,275	$ 3,150	$ 3,150	$ 3,150	$ 4,050	$ 4,050
Carryover funding	$ -	$ 653	$ 1,636	$ 2,003	$ 2,213	$ 1,222	$ 949	$ 577	$ 311
CA Title XXI Allotment 1/	$ 655	$ 651	$ 766	$ 705	$ 517	$ 527	$ 527	$ 677	$ 677
Total Federal Funds Available	$ 655	$ 1,704	$ 2,402	$ 2,708	$ 2,730	$ 1,749	$ 1,476	$ 1,254	$ 988
Est. HFP Child Costs-Benefits				$ (279)	$ (356)	$ (400)	$ (419)	$ (440)	$ (461)
Est. HFP Child Costs-Admin				$ (30)	$ (35)	$ (37)	$ (38)	$ (39)	$ (39)
Subtotal Est. HFP Child Costs 2/	$ (2)	$ (68)	$ (187)	$ (309)	$ (391)	$ (437)	$ (457)	$ (479)	$ (500)
Est. HFP Parent Costs-Benefits				$ (30)	$ (163)	$ (313)	$ (391)	$ (412)	$ (321) 3/
Est. HFP Parent Costs-Admin				$ (3)	$ (12)	$ (15)	$ (16)	$ (16)	$ (12) 3/
Subtotal Est. HFP Parent Costs 2/	$ -	$ -	$ -	$ (33)	$ (175)	$ (328)	$ (407)	$ (428)	$ (333) 3/
Est. HFP Children's Health Initiatives	$ -	$ -	$ -	$ (34)	$ (110)	$ (35)	$ (35)	$ (35)	$ (28) 3/
Balance	$ 653	$ 1,636	$ 2,215	$ 2,332	$ 2,055	$ 949	$ 577	$ 311	$ 129
Federal Allotment Returned	$ -	$ -	$ 212	119	$ 833	$ -	$ -	$ -	$ -
Final Balance	$ 653	$ 1,636	$ 2,003	$ 2,213	$ 1,222	$ 949	$ 577	$ 311	$ 129

	FFY 98	FFY 99
Original Unspent Allotment Returned	$ 598	$ 475
Allotment Redistributed	$ 212	$ 119
Unspent Allotment Retained	$ 386	$ 357

FFY 98 allotment retained is estimated to be 65%.
FFY 99 allotment to be retained is unknown, however
this estimate assumes 75% retention of the FFY 99 funds

* This Federal Waiver projection from the December submission Title XXI package has been updated to include:

1) The HFP Child cost estimate updated in the Governor's Budget
2) Passage of Federal legislation extending portions of FFY 98 and FFY 99 unspent allotments through September 30, 2002.
3) FFY 01 appropriation has been updated from estimated to actual.
4) FFY 02-06 has been updated based on FFY 01 percentage of overall Federal allotment.
5) Adjustments for Premium and Benefit costs.
6) Addition of Children Public Health Initiatives costs.

ANALYSIS:
The Section 1115 waiver proposal would begin July 1, 2001. To cover the 5-year cost proposal, Title XXI billing will start in FFY01 for 07/01 through 09/01 (or a 3 month period). FFY06 costs are billed for nine months from 10/05 through 06/06 as the 5th state fiscal year ends June 2006.

1/ California Title XXI Allotments from FFY 02 - FFY 06 are estimates. Actual California allotments are not yet available until each year's Title XXI Appropriation is available.
2 / California HFP Expenditure Projections are limited to federal funding costs. Federal funding is provided at a 66% match rate.
3/ Estimated expansion costs for FFY06 (Year 9) reflect the adjusted 9-month cost from 10/05-06/06.

As of 2/27/01
4:40 p.m.

ATTACHMENT E

Meeting Families' Needs

What families think about their children's health plan

About the survey

The Healthy Families Program conducted a survey to assess families' satisfaction and experiences with their children's health plans. The survey results provide you with additional information about your Healthy Families Program health plan choices. Some plans operate in one county, other plans operate in multiple counties.

An independent survey company was hired to do the survey and prepare this report. The survey was not sponsored or conducted by plans participating in the program. This report was developed based on feedback from families in the Healthy Families Program.

The survey was conducted in five languages—English, Spanish, Vietnamese, Korean and Chinese. Families were randomly selected to participate in the survey. Only those families with a child enrolled in the program for at least six months were eligible to participate. Over 20,000 families were selected for the survey. Of those families surveyed, 65% responded. Responses received from families surveyed were kept confidential.

The survey was conducted by mail during the months of August through November 2000.

The survey asked families about their experiences with the health care their children received in the last six months. Specific questions were related to the ability to get care when they needed it, or if the office staff treated them with courtesy and respect. Families were also asked to rate their child's health care and health plan.

If you would like to share your thoughts on this report, please write to:

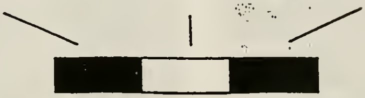
Healthy Families Program
P.O. Box 2769
Sacramento, CA 95812-2769

How to read the graphs

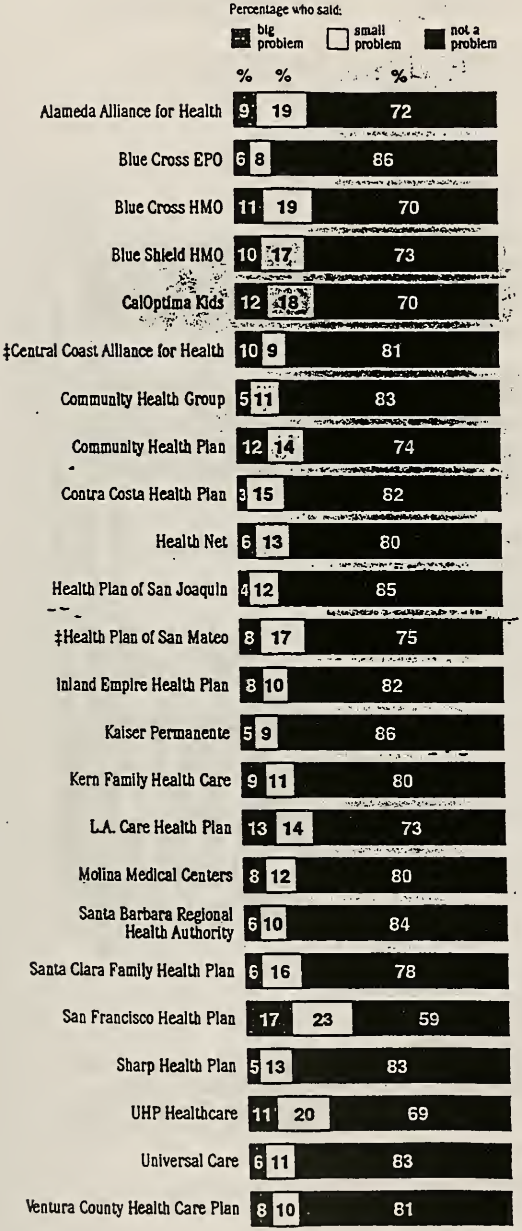
Percentage of families who gave the **least positive** answers to the survey questions. These answers are always at this end of the bar in gray.

Percentage of families who gave the **in-between** answers to the survey questions. These answers are always in the middle of the bar in white.

Percentage of families who gave the **most positive** answers to the survey questions. These answers are always at this end of the bar in black.

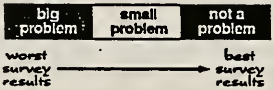


Getting needed care for your child



This graph shows answers to 4 survey questions that asked families **how much of a problem** in the last 6 months, if any, it was to:

- Get a personal doctor or nurse for their child they were happy with
- Get a referral to a specialist that their child needed to see
- Get care for their child that they or their doctor believed necessary
- Get care approved by their child's health plan without delays



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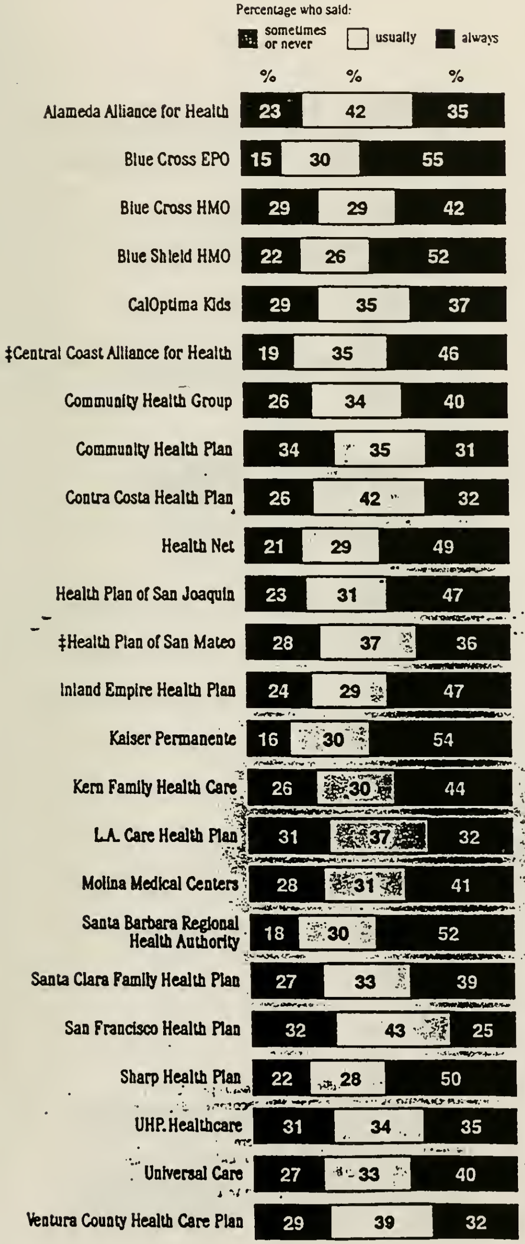
‡The number of families in this health plan answering this set of questions was less than the recommended number of 100.

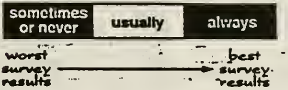
Blue Shield EPO and Care 1st were added to the Healthy Families Program on July 1, 2000 and are not included in this report. Subscribers enrolled in these plans were enrolled less than the six months required to participate in the survey.

Getting care quickly for your child



This graph shows answers to 4 survey questions that asked families **how often** in the last 6 months did they:

- Get the help or advice they needed for their child when they called during regular office hours
- Get an appointment as soon as they wanted for their child for regular or routine health care
- Get care as soon as they wanted for their child for an illness or injury
- Wait less than 15 minutes past their child's appointment time to see the person their child went to see



‡The number of families in this health plan answering this set of questions was less than the recommended number of 100.

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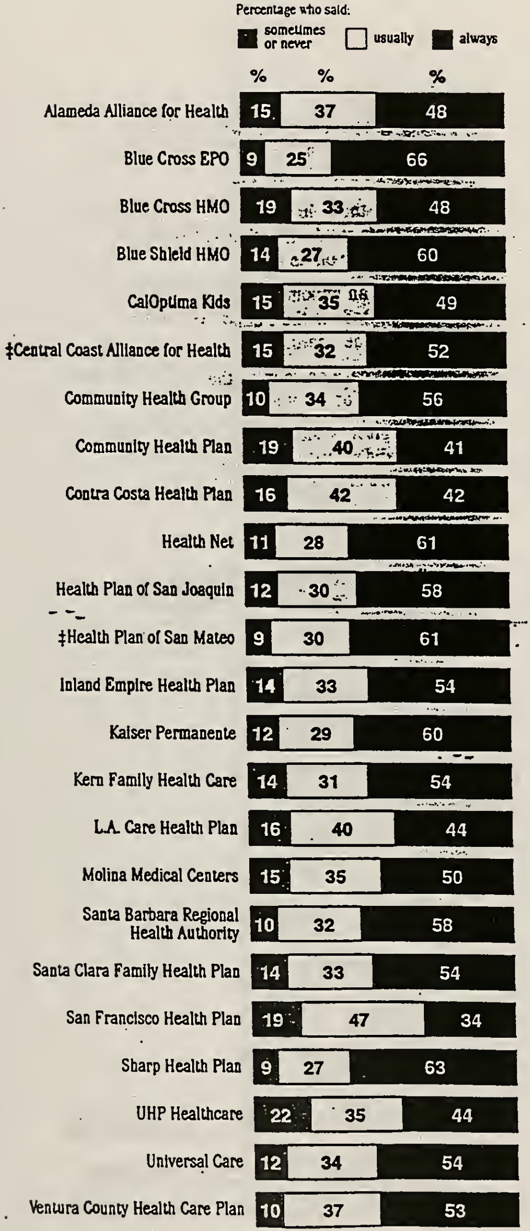
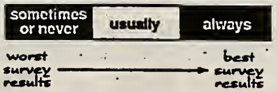
5.26

How well doctors communicate



This graph shows answers to 4 survey questions that asked families **how often** in the last 6 months their child's doctors or other health providers:

- Listened carefully to them
- Explained things in a way they could understand
- Showed respect for what they had to say
- Spent enough time with their child


sometimes or never
usually
always
worst survey results
best survey results

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‡The number of families in this health plan answering this set of questions was less than the recommended number of 100.

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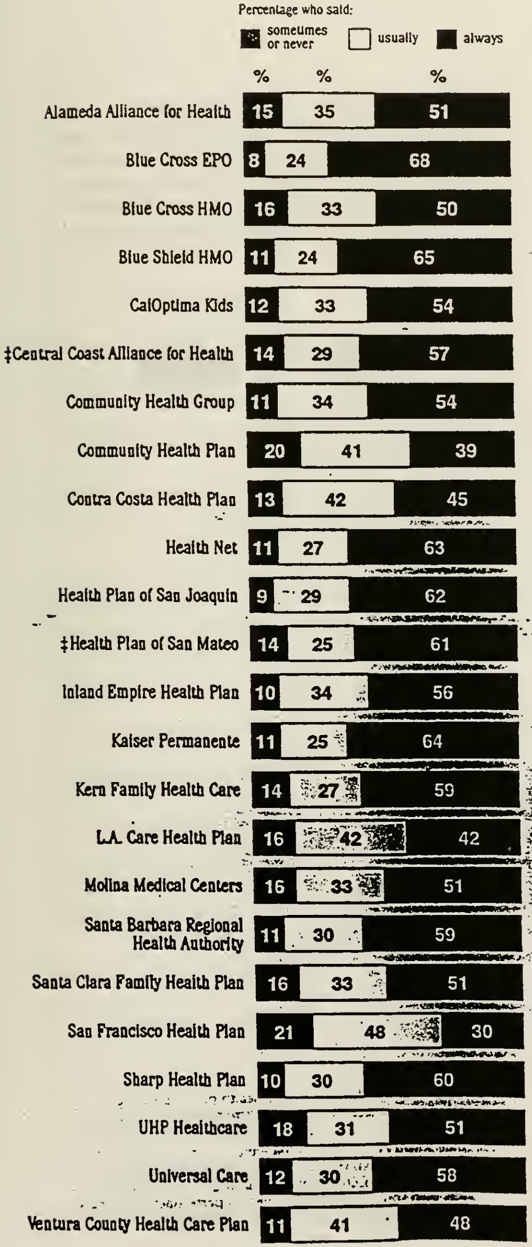
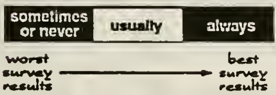
Courteous and helpful office staff



This graph shows answers to 2 survey questions that asked families **how often** in the last 6 months office staff at their child's doctor's office or clinic:

- Treated them and their child with courtesy and respect
- Were as helpful as they thought they should be


sometimes or never
usually
always
worst survey results
best survey results

‡The number of families in this health plan answering this set of questions was less than the recommended number of 100.

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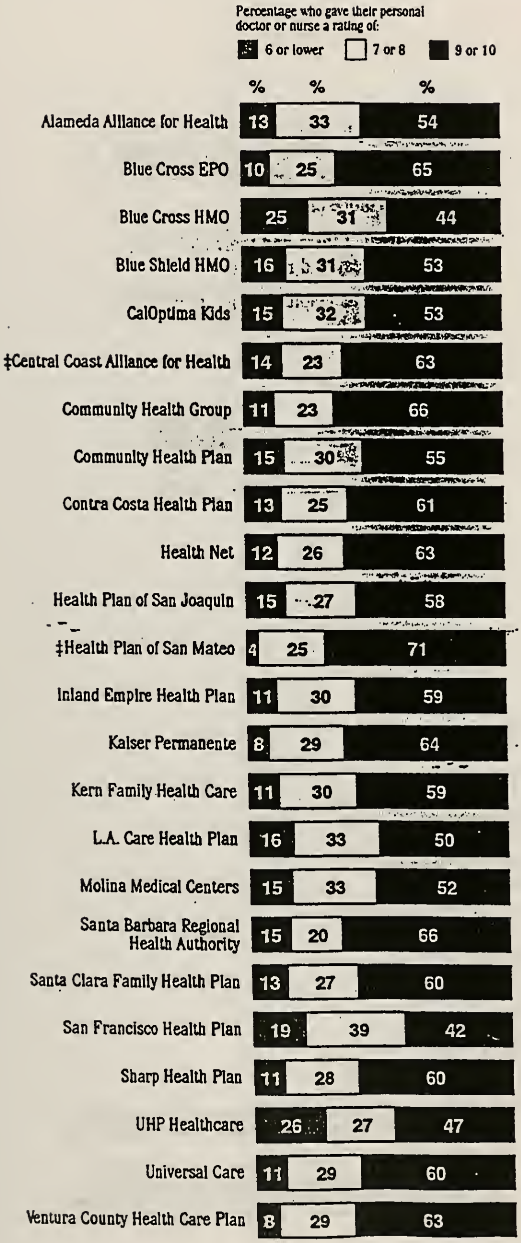
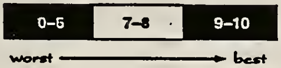
Personal doctor or nurse



This graph shows answers to a survey question that asked families in each plan to rate their child's personal doctor or nurse, on a scale of 0="worst personal doctor or nurse possible" to 10="best personal doctor or nurse possible" based on their experiences in the last 6 months



‡The number of families in this health plan answering this question was less than the recommended number of 100.

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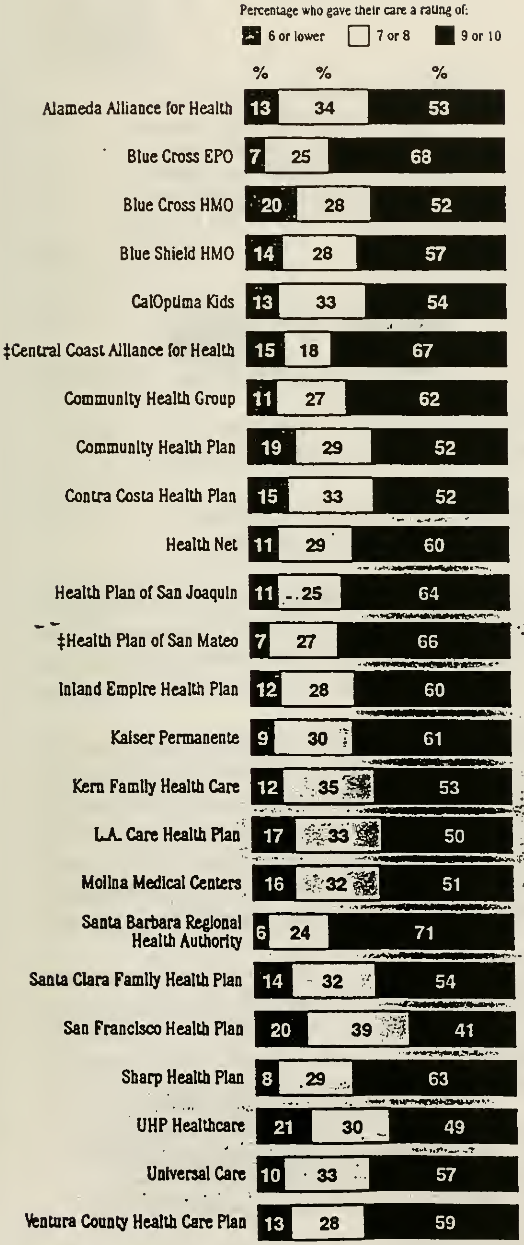
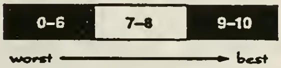
Health care



This graph shows answers to a survey question that asked families in each plan to rate their child's health care from all doctors and other health providers on a scale of 0="worst health care possible" to 10="best health care possible" based on their experiences in the last 6 months



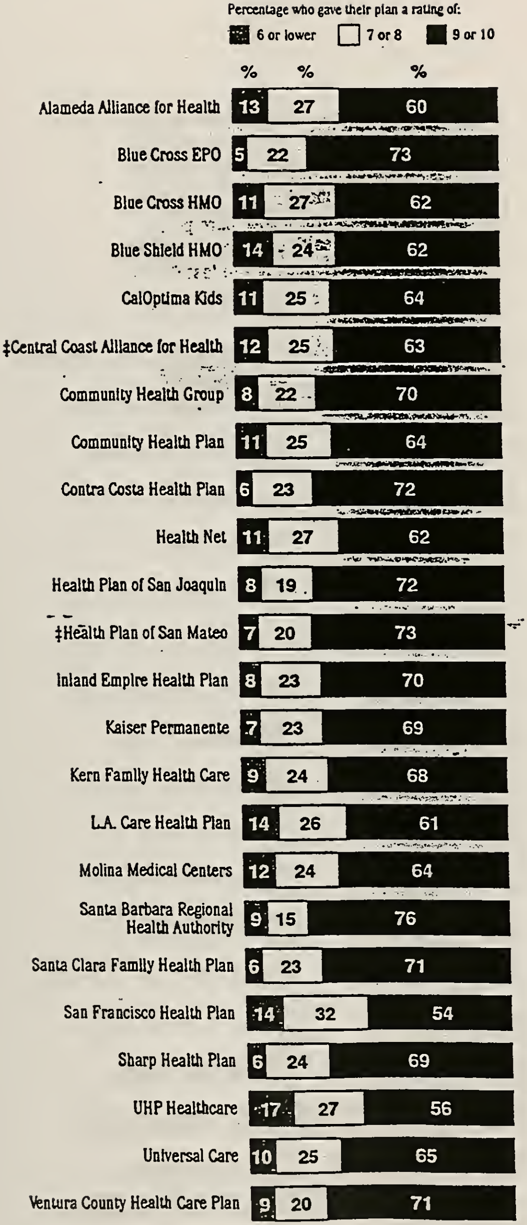
‡The number of families in this health plan answering this question was less than the recommended number of 100.

‡‡The number of families in this health plan rating their child's health care was less than the recommended number of 100.

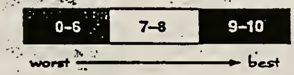
Blue Shield EPO and Care 1st were added to the Healthy Families Program on July 1, 2000 and are not included in this report. Subscribers enrolled in these plans were enrolled less than the six months required to participate in the survey.

5.3.C

Health plan



This graph shows answers to a survey question that asked families in each plan to rate their child's health plan, on a scale of 0="worst health plan possible" to 10="best health plan possible" based on their experiences in the last 6 months



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‡The number of families in this health plan answering this question was less than the recommended number of 100.

Blue Shield EPO and Care 1st were added to the Healthy Families Program on July 1, 2000 and are not included in this report. Subscribers enrolled in these plans were enrolled less than the six months required to participate in the survey.

San Francisco Department of Public Health
Office of Equal Employment Opportunity,
Affirmative Action, and Cultural Competency

SEAL OF THE CITY AND COUNTY OF SAN FRANCISCO

May 1, 2001

TO: Health Commission

THROUGH: Mitch Katz, M.D.

FROM: Norm Nickens, Deputy Director
EEO, Affirmative Action and Cultural Competency

RE: Adoption of Standards of Practice for the Provision of Quality Health Care and Services for Gay/Lesbian/Bisexual/Transgendered Individuals and their Families.

Research has indicated that fear of discrimination and stigma causes many Gay, Lesbian, Bisexual and Transgendered (GLBT) individuals and their families to postpone or decline seeking medical care or social service assistance. Others, once in care, may withhold from their providers' personal information critical to their care and well being.

These concerns were raised at the Mayor's Summit on Lesbian, Bisexual, Transgendered Women's Health in April, 2000. Similar findings on the impact of discrimination were reported in the *Report on the Health Status of Gay Men and Lesbians in New York City*, New York City Department of Health (1999); *Report from the Gay and Lesbian Health Roundtable*, Los Angeles Gay & Lesbian Center (2000); *Investigation into Discrimination Against Transgendered People*, San Francisco Human Rights Commission (1994); and, the report of the *Transgender Community Health Project*, San Francisco Department of Public Health (1999).

The Massachusetts Department of Public Health funded a community collaboration to develop community standards of care for L/G/B/T clients. This project lead to the release of the *Community Standards of Practice for Provision of Quality Health Care Services for Gay, Lesbian, Bisexual and Transgendered Clients* in January, 1999. The proposed standards for the San Francisco Department of Public Health and its contractors are modeled on these standards.

San Francisco Department of Public Health, Office of Equal Employment Opportunity, Affirmative Action, and Cultural Competency, 101 Grove Street, Room 214, San Francisco CA 94102
Telephone: 415-554-2593
Fax: 415-554-2594
E-Mail: norm_nickens@dph.sf.ca.us

The purpose of these proposed standards is to communicate a set of guidelines for service providers to increase their ability to meet the needs of GLBT individuals and their families. For the purpose of these standards the term "family" shall be broadly construed, and shall include, but not be limited to, relatives by blood, adoption, marriage or declaration of domestic partnership (either verbal or written). These standards are also intended to provide a list of criteria against which a provider can determine their effectiveness in meeting the needs of GLBT individuals and their families. Finally it is hoped that the use of these standards by the Department and its providers of services under contract will assist and support individuals and their families in receiving sensitive, caring and nondiscriminatory health services.

These standards will be incorporated into the Health Commission's existing policy on *Contractors Compliance with Nondiscrimination and Cultural Competency*. This policy is currently being reviewed by the Department's Task Force on Cultural Competency, which will develop recommendations for expanding the existing requirements, including the development of additional evaluation criteria for measuring compliance with these standards. The Office of EEO, Affirmative Action and Cultural Competency will work with other sections of the Department to develop an appropriate training for departmental staff and providers based on the proposed standards.

Standards of Practice and Client Rights

Anti-Discrimination: GLBT Individuals and their Families, Providers and Staff

Standard 1. Comprehensive policies to prohibit discrimination in the delivery of services on the basis of sexual orientation, behavior, and gender identity shall be conspicuously posted in all languages appropriate to the populations served.

The agency shall provide written notice to all employees in all languages appropriate to the populations served by the Department of Public Health that discrimination based on sexual orientation, behavior, or gender identity violates standards of good care and is subject to appropriate sanction.

Standard 2. Sexual orientation, behavior, and gender identity shall be included in all anti-discrimination clauses for employees, volunteers, clients, and members of the public.

Representation (Staff, Providers)

Standard 3. The Department of Public Health and its contract providers shall encourage representation from the GLBT communities.

Research

Standard 4. Any research conducted by, through or in conjunction with the Department of Public Health shall include GLBT individuals and their families and shall include where appropriate questions on sexual orientation, behavior, and gender identity along with other socio-demographic variables.

Confidentiality

Standard 5. GLBT individuals shall be informed about data collection that includes references to sexual orientation, behavior, and gender identity, including under what circumstances such information may be disclosed and how and by whom such information may be used. Such information is to be considered highly sensitive and treated accordingly.

Written disclosure to clients shall be made by providers to clarify when information may or must be disclosed to third parties for payment or other reasons, and in what circumstances such disclosures may include information regarding sexual orientation, behavior, and gender identity.

Programs shall honor client requests, **when possible,** to omit sexual orientation, behavior, and gender identity from medical charts and other documentation.

Treatment of Minors

Standard 6. Minors shall be cared for in an appropriate, safe, and confidential treatment environment.

All GLBT individuals who are minors shall be informed of their legal rights, and advised of the possibility and possible consequences of any statutory or otherwise mandated reporting.

Standard 7. Providers and staff shall be informed of the legal rights and possible consequences of any statutory or otherwise mandated reporting upon their minor clients.

Forms and Interviewing

Standard 8. All staff shall use written forms and policies which employ language that is culturally sensitive to GLBT individuals and their families. All verbal and written intake and assessment forms shall provide for **optional** self-identification of sexual orientation, behavior, and gender identity; marital, partnership and family status; and shall provide the opportunity for further written explanation.

Complaints

Standard 9. Comprehensive and easily accessible procedures for GLBT individuals to file and resolve complaints alleging discrimination based on sexual orientation or gender identity shall be available.

Conspicuous posting of these grievance procedures should be in all languages appropriate to the populations served by the agency.

Designation should be made of one or more persons within the agency who are responsible for the agency's compliance.

Trainings

Standard 10. Staff training on diversity, harassment, and anti-discrimination shall include the issues of sexual orientation, behavior, and gender identity and shall insure that agency staff have a basic familiarity with these issues as they affect the case management and treatment plans of GLBT individuals and their families.

Organizations, Hotlines, Resources, and Referrals

Standard 11. Training shall include how, when, and where to make appropriate referrals for health care, social services, and community resources for GLBT individuals and their families.

A resource and referral list for appropriate referrals shall be annually updated and available.

Outreach

Standard 12. Public health outreach efforts shall specifically target GLBT individuals and their families. Non-discrimination policies regarding sexual orientation, behavior, and gender identity shall be included in appropriate promotional and advertising materials.

Indicators and Criteria

It may be difficult for some service providers to determine if they meet the needs of GLBT individuals and their families. The following questions may help you assess how well your agency's policies serve GLBT populations.

Is the "Anti-Discrimination Policy" posted and in all appropriate languages?	Y/N
Does it include the terms "sexual orientation", and "gender identity" in all anti-discrimination materials for employees?	Y/N
Do providers, staff, and board of directors include representation from the GLBT communities?	Y/N
Does research include GLBT representation and sexual orientation, behavior, and gender identity socio-demographic variables?	Y/N
Are all individuals provided written and verbal notification of disclosure policies with reference to sexual orientation, behavior, and gender identity?	Y/N
Are minors informed of their legal rights and advised of the possible consequences of any statutory or otherwise mandated reporting requirements?	Y/N
Are providers and staff informed of their legal rights and advised of the possible consequences of any statutory or otherwise mandated reporting requirements?	Y/N
Do all verbal and written intake and assessment forms and policies provide optional self-identification of sexual orientation, behavior, and gender identity appropriate to GLBT individuals and their families?	Y/N
Are grievance procedures posted, readily available and in all appropriate languages?	Y/N
Has staff participated in diversity trainings which include sexual orientation, behavior and gender identity?	Y/N
Does training include how, when, and where to make appropriate referrals for health care, social services, and community resources for GLBT individuals and their families?	Y/N
Are annually up-dated lists of organizations, hotlines, and resources for GLBT individuals and their families available for providers and staff?	Y/N
Do outreach activities specifically target GLBT individuals and their families?	Y/N
Are non-discrimination policies regarding sexual orientation and gender identity included in appropriate promotional and advertising materials?	Y/N

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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San Francisco, CA 94102

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

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Interim Health Commission Secretary

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Web Site: *http//www.dph.sf.ca.us*

AGENDA

HEALTH COMMISSION MEETING

May 15, 2001
3:00 p.m.
at
101 Grove, Room 300
San Francisco, CA 94102

DOCUMENTS DEPT.

MAY 1 0 2001

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THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 1, 2001.
**Minutes of May 1; 2001*

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) CHN-Jail Health Services – Request for approval of a new contract with Medical Diagnostic for the provision of mobile X-ray services for inmates of the County Jail and clients of the TB control unit of the Department of Public Health, in the total amount of $660,000, for the period of June 1, 2001 through June 30, 2005.
** Calendaring request memo*

(3.2) **CHN-Dept. of Education and Training** – Request for approval of a new contract with HealthStream, Inc. to provide access to internet-based healthcare regulatory training courseware for employees of the Department of Public Health, Community Health Network, for the total amount of $418,250, for the period of June 1, 2001 through June 30, 2005.
** Calendaring request memo*

(3.3) **CHN-SFGH** – Request for approval of a contract modification with Healthcare Financial Solutions in the amount of $51,500, for a total amount of $108,702, to provide reimbursement and revenue optimization services for San Francisco General Hospital, Health at Home Agency and Laguna Honda Hospital, for the period of April 1, 2001 through March 31, 2002.
** Calendaring request memo*

(3.4) **PHP-CSAS** – Request for approval to retroactively accept and expend a new five-year grant from the State of California, Department of Drug and Alcohol Programs, in the amount of $1,107,660 ($221,532 annually) to enhance and expand Juvenile Drug Court services, for the period of December 29, 2000 to December 28, 2004.
** Calendaring request memo, Grant application information form, Budget detail page*

(3.5) **PHP-CSAS** – Request for approval of a contract modification with Japanese Community Youth Council, Inc. (JCYC), in the amount of $1,899,365, for a total four-year amount of $2,508,942 to provide substance abuse prevention services to Asian American youth, for the period of July 1, 1998 through June 30, 2002. (DPH contracted with JCYC for services totaling $621,867 during FY 99-2000).
** Calendaring request memo, Monitoring report summary, Letter to JCYC, JCYC response letter, JCYC Emergency response plan, JCYC Personnel policy manual*

(3.6) **PHP-CMHS** – Request for approval of a new contract with Harder+Company Community Research in the amount of $149,983 to develop a model program for dually diagnosed youth, for the period of April 1, 2001 through December 31, 2001. (DPH contracted with Harder for services totaling $28,000 during FY 1999-2000).
** Calendaring request memo, Harder+Company qualifications pages*

(3.7) **PHP-CMHS** – Request for approval of a retroactive sole source contract renewal with Alameda County Health Care Service Agency (ACHCSA), in the total amount of $3,300,960 for four years, to provide fiscal management services and access to 24-hours skilled nursing neuro-behavioral care and adolescent subacute mental health services targeting individuals with Organic Brain Syndrome impairment, for the period of July 1, 2000 through June 30, 2004. (DPH contracted with ACHCSA for services totaling $979,967 during FY 1999-2000).
** Calendaring request memo, Letter from Community Mental Health Services, Letter from program monitor*

(3.8) **PHP-Health Promotion** – Request for approval of a retroactive contract modification with CAHEED, Inc. in the amount of $70,800, for a contract total of $207,090, to provide augmented Black Infant Health Improvement Program services targeting African American families and communities, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with CAHEED for services totaling $136,290 during FY 1999-2000).
** Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEES RECOGNITION AWARDS FOR THE MONTH OF MAY**
*List of Awardees

6) **FOR DISCUSSION:** **UPDATE ON 9-MONTH REVENUE AND EXPENSE REPORT**
**Report*

7) **FOR DISCUSSION:** **UPDATE ON PROPOSITION 36, "THE SUBSTANCE ABUSE AND CRIME PREVENTION ACT," IMPLEMENTATION PLAN**
**Report*

8) **FOR DISCUSSION AND PROPOSED ACTION:** **HEARING IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q): ST. MARY'S MEDICAL CENTER**

TIME SPECIFIC: 4:30 P.M. (See attached)

9) **OTHER BUSINESS/PUBLIC COMMENTS****

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

HEALTH COMMISSION

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NOTICE

SPECIAL PUBLIC HEARING
HEALTH COMMISSION

Tuesday, May 15, 2001
Time Specific: 4:30 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

Public hearing in accordance with the Health Care Planning Ordinance (Proposition Q, 1988) to consider the impact of the following change on health care services of the community at St. Mary's Medical Center:

- **Closure of the St. Mary's Adult Inpatient Psychiatric Program**

Persons unable to attend this public hearing may submit written comments to:

Health Commission
c/o President Roma Guy, MSW
101 Grove Street, Room #311
San Francisco, CA 94102

For information call the Health Commission Office at 554-2666.

Posted April 5, 2001

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

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5/15/01

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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Mitchell H. Katz, M.D.
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Interim Health Commission Secretary

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MINUTES

HEALTH COMMISSION MEETING

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JUN 1 4 2001

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May 15, 2001
3:00 p.m.
at
101 Grove, Room 300
San Francisco, CA 94102

1) CALL TO ORDER

Present:	President Roma P. Guy, M.S.W. Commissioner Arthur M. Jackson Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D. Commissioner John I. Umekubo, M.D.
Absent:	Vice President Edward A. Chow, M.D. Commissioner Lee Ann Monfredini

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 1, 2001.

Action Taken: The Commission approved the Minutes of May 1, 2001.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(3.1) CHN-Jail Health Services – Request for approval of a new contract with Medical Diagnostic for the provision of mobile X-ray services for inmates of the County Jail and clients of the TB control unit of the Department of Public Health, in the total amount of $660,000, for the period of June 1, 2001 through June 30, 2005.

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(3.3) **CHN-SFGH** – Request for approval of a contract modification with Healthcare Financial Solutions in the amount of $53,532, for a total amount of $110,734, to provide reimbursement and revenue optimization services for San Francisco General Hospital, Health at Home Agency and Laguna Honda Hospital, for the period of April 1, 2001 through March 31, 2002.

(3.4) **PHP-CSAS** – Request for approval to retroactively accept and expend a new five-year grant from the State of California, Department of Drug and Alcohol Programs, in the amount of $1,107,660 ($221,532 annually) to enhance and expand Juvenile Drug Court services, for the period of December 29, 2000 to December 28, 2004.

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Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Anne Kronenberg, Acting Director of Health, presented the Director's Report on behalf of Mitchell Katz, M.D., Director of Health)

Summary of the Governor's May Budget Revision

General Overview

On May 14, 2001 Governor Grey Davis issued the May Revision to his budget. The May Revision projects a $1.144 billion increase in revenues for the current fiscal year (2000-01) and a $4.592 billion decrease in revenues for 2001-02. This results in a combined two-year reduction of $3.448 billion.

As a result, the May Revision reduces General Fund expenditures by $3.177 billion. (All reductions and increases reported here are in comparison to the Governor's January Budget.)

It is important to note that these cuts are the result of the economic downturn and do not reflect any reductions due to energy expenditures. Revenue increases from capital gains, stock options, personal income tax, corporate sales tax, and sales tax are slowing down. On May 10, 2001, the Governor signed a $13.4 billion revenue bond package that will repay the General Fund for amounts advanced to purchase power for the State. The May Revision assumes that these revenue bonds will be sold in August and will reimburse the General Fund at that time.

As in previous documents, the budget declares a declining need for health care funding at the local level because of:

- Expansion of Medi-Cal and Healthy Families "shifting responsibility for health care coverage from County to Federal and State funded programs";
- Availability of local Tobacco Settlement Funds;
- "Growing" health Realignment funds; and
- $53.7 million directed to breast cancer treatment, research and screening.

Budget subcommittees will be holding their final hearings this week, including consideration of the many items placed on their suspense files pending the May Revision. Below is a synopsis of health related provisions of the May Revision.

Tobacco Settlement Funds

The State expects to receive approximately $475 million in tobacco settlement revenues in 2001-02 ($7 million more than projected in the Governor's January Budget). The Governor's May Revision continues to support earmarking all of the State's tobacco settlement revenues for health programs. However, this has the effect of supplanting State General Funds with tobacco settlement funds and resulting in decreased State General Fund commitment to health services. The May Revision continues funding for Medi-Cal, Child Health and Disability Prevention Program (CHDP), breast and prostate cancer treatment, and youth anti-tobacco at the same levels as in the January Budget.

The May Revision reduces 2001-02 spending for Healthy Families by $44 million as a result of a delay in Federal waiver approval to expand the program to include uninsured parents of children enrolled in Healthy Families or Medi-Cal and children with family incomes between 200% and 250% of the Federal poverty level. The May Revision assumes an October 1, 2001 start date.

Medi-Cal

The May Revision decreases the current year (2000-01) Medi-Cal budget by $266.4 million and increases the 2001-02 budget by $367.7 million. The majority of this shift can be attributed to $175 million of the Orthopedic Hospital settlement expense that has been shifted from the 2000-01 fiscal year to the 2001-02 fiscal year. Additional expenditure reductions in the current year are a result of smaller than anticipated increases in the cost of nursing facility care, savings in County administration costs due to reduced caseload activity, and drug costs increasing more slowly than projected.

In 2001-02, $225.1 million of the projected $367.7 million increase in Medi-Cal spending is for the Orthopaedic Hospital settlement. Additional expenditures of $46.1 million for long-term care rate increases (including a 2.15% increase for nursing homes), $43.5 million for increased County administration costs, and $25 million for a managed care rate increase (2%) are also included in the May Revision.

Healthy Families

Current year General Fund spending for Healthy Families is expected to be $6.4 million lower than projected in the January Budget due to slower than anticipated caseload growth. In 2001-02, overall General Fund expenditures are expected to increase by $10 million. However, net expenditures are expected to decrease by $76.9 million, in part as a result of the delay in Federal approval of the State's waiver. The General Fund expenditure increase is due to a higher than anticipated enrollment of children with family incomes between 100% and 200% of the federal poverty level.

Public Health

In comparison to the January Budget, the May Revision reduces current year public health expenditures by $5.6 million and 2001-02 public health expenditures by $27.2 million.

Subvention

The May Revision eliminates the $2 million increase in public health subvention included in the Governor's January Budget. This reduces public health subvention to fund communicable disease control and surveillance at the local level to $1 million statewide.

Caseload Programs

Current year reductions of $6.1 million are attributed to reduced caseload in California Children's Services (CCS), CHDP and Genetically Handicapped Persons programs. An additional $3.9 million is deducted from these budgets in 2001-02 due to further declines in caseload and health care costs in these programs.

Proposition 99

The Governor anticipates a reduction of $77,000 in Proposition 99 revenues for 2000-01 and a reduction of $14.7 million for 2001-02. In 2001-02, the May Revision proposes program reductions of $18.3 million to accommodate reduced revenue and increased caseload in the Access for Infants and Mothers (AIM) Program. These reductions include a $12.7 million decrease in the California Healthcare for Indigents (CHIP) Program. The May Revision continues to budget $24.8 million for emergency physicians and $114.5 million for an anti-tobacco media campaign.

The May Revision also proposes trailer bill language to limit the discount given to tobacco wholesalers and distributors for affixing tax stamps to tobacco products. This will result in approximately $9.7 million in revenue, which the Governor proposes to use to supplement the Proposition 99 and Proposition 10 funds, as well as contribute to breast cancer prevention and research, and the State's General Fund.

Behavioral Health

Mental Health

The May Revision includes a net increase of $26 million (a $5.3 million reduction in General Funds) for community service programs in 2001-02. This increase includes a $9.5 million federal block grant allocation and $15.4 million in Federal reimbursements for the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program and for a San Mateo County test program. General fund programs in the Department of Mental Health are reduced by $22.4 million. These reductions include $5 million to withdraw the discretionary 3% cost of living adjustment for mental health managed care and a $5 million decrease in the supportive housing program. The budget continues $20.1 million in supportive housing programs and $55.6 million for Integrated Services for Homeless Adults. The remaining reductions of $12.4 billion are for deferred maintenance projects at State hospitals.

Alcohol and Drug Programs

The May Revision projects a $10 million reduction in current year expenditures due to a delay in approval of the State Medicaid Plan amendment that would provide for additional Drug Medi-Cal services as of January 2001. The 2001-02 General Fund budget for alcohol and drug programs is reduced by a net of $34.7 million. The May Revision increases General Fund spending by $12 million for Perinatal Drug Medi-Cal, as well as, caseload growth and new unit cost services in Drug Medi-Cal. However, proposed reductions include $7.7 million in adult treatment services, a $5.7 million in youth treatment services, $8.5 million for drug court substance abuse treatment, and $24.3 million to reflect the delay in State Plan Amendment approval.

Aging with Dignity

The Governor's May Revision includes an additional $57 million General Fund for 2001-02 for the In-Home Supportive Services (IHSS) program to increase the State share-of-cost of employee wages for Public Authority (PA) and non-PA providers, fund the State share of benefits up to $.60 for various PA providers, and increase Maximum Allowable Contract Rates. The May Revision also an additional $46.1 million for increased long-term care rates and eliminates the $1.5 million augmentation for the Linkages program.

Federal Health Insurance Portability and Accountability Act (HIPAA)

The May Revision includes $152.1 million ($37 million General Fund) for HIPAA implementation within the Health and Human Services Agency, the Department of Health Services, the Department of Mental Health, the Department of Developmental Services and the Department of Alcohol and Drug Programs.

Population Health and Prevention

Newcomer's Program

As one of the newest refugee groups in the San Francisco Bay Area, little had been documented on how Bosnian refugees are faring and how they have adjusted to their new country and its health care, education, and employment systems. The Newcomers Health Program has recently published a report entitled "Bosnian Refugees in San Francisco: A Community Assessment". This project was undertaken to assist staff in program planning, grant writing, and developing community collaborations. This report, also posted on the Department's web site, presents a baseline picture of the Bosnian refugee population in San Francisco County.

Senior Pedestrian Awareness Day

Staff from the Department's Community Health and Safety Section hosted a rally at noon today on the steps of City Hall in recognition of Senior Pedestrian Awareness Day. The event also kicked off a new senior pedestrian safety poster campaign and featured several of the seniors whose photos appear on the posters. Senior pedestrians are being killed at three times their proportion of the population and once they're hit in a collision, seniors are four times as likely to die. Today's rally was an opportunity to focus on the hazards to all pedestrians, and especially the most vulnerable. Representatives from the Board of Supervisors, Parking & Traffic and the San Francisco Police Department joined members from a variety of senior and safety advocacy groups for the event.

Nutrition Services Raises $1000+ for March of Dimes

The Nutrition Services Program raised over $1000 at this year's March of Dimes "Walk America." The nutrition services team promoted their healthy eating and physical activity message wearing "Feeling Good" t-shirts.

WIC and "Feeling Good" Team up at Farmers" Market

The WIC Program and the "Feeling Good" Project will be doing outreach at both the Heart of the City and the Ferry Plaza Farmers' Markets this summer. WIC participants will receive coupons for fresh produce. Staff will be providing colorful aprons to vendors, distributing samples of fruits and vegetables and sharing information about healthy eating. WIC staff will be looking to enroll clients into the WIC program at the markets from June through September.

Minor Consent

The Department recently approved a new policy on "Minor Consent for Non-Emergency, Primary Care and Mental Health Services. The purpose of the policy is to provide uniform guidance to the Department's health care providers who work with dependent minors ages 12 to 17 who present for services with or without parental consent. This policy will enable primary care and mental health providers to work together with youth and their families to address adolescent health issues and offer much needed support.

The policy was developed by the Department's Coordinating Council for Children, Youth, and Families with input from parents, social workers, physicians and Nurses. The policy is also available on DPHNet.

SAN FRANCISCO GENERAL HOSPITAL
CREDENTIALS REPORT
MAY 2001

	05/01	**2001 YTD**
New Appointments	10	26
Reinstatements	1	3
Reappointments	13	192
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	10	54
Disciplinary Actions	0	0
Restriction/Limitation- Privileges	0	0
Changes in Privileges		
Additions	1	11
Voluntary Relinquishments	2	9

Immediately preceding the Director's Report, President Guy stated that two senior staff people were leaving the Department to accept other opportunities. President Guy and Ms. Kronenberg honored Tangerine Brigham, Director of Policy and Planning, and later in the meeting, Melissa Welch, M.D., Chief Medical Officer for the Community Health Network, for their many years of service, advocacy, and accomplishments.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEES RECOGNITION AWARDS FOR THE MONTH OF MAY

*List of Awardees

On behalf of the Health Commission, Commissioner Sanchez presented the following awards:

Individual Nominees	Division	Nominated by
Mela Yee, Pharmacy Technician	DPH – Community Health Services	Yuki Kubo-Hendricks, Director Pharmaceutical Services

Team Nominees	Division	Nominated by
Ning Aguirre Blanca Canjura Frances Culp Bill Haskell Colleen Johnson Joanne Kimata James Soos Emeline Zapanta	DPH – Central Administration	Tangerine Brigham, Director Policy and Planning

6) UPDATE ON 9-MONTH REVENUE AND EXPENSE REPORT

Monique Zmuda presented the Revenue and expenditure Report for the 3rd Quarter of FY 2000-01. Based upon revenue collected and billed, and expenses incurred for the first nine months of the fiscal year (until March 31, 2001), the Department projects a fiscal year end surplus of $2.1 million. However, the Department has not included increased energy costs in this projection. Based on expected increases to cover and energy costs in the current year, the Department anticipates that the entire surplus, plus additional supplementals, will be used to fund energy increases. The Report is enclosed as Attachment A.

Commissioners' Comments:

- Commissioner Sanchez asked whether COLAs (cost of living adjustments) for non-profits next year were included in the budget. Ms Zmuda replied that COLAs were requested, but not yet funded.

Public Comment:

Nora Roman, Emergency Coalition to Save Public Health, stated (in connection with a Commissioner's comment concerning hiring freezes) that DPH actually did have a hiring freeze, because it does not have enough staff. Ms. Roman stated that the picture is not okay, merely because the budget is in balance.

7) UPDATE ON PROPOSITION 36, "THE SUBSTANCE ABUSE AND CRIME PREVENTION ACT" IMPLEMENTATION PLAN

Barbara Garcia, DPH Deputy Director of DPH for Population Health and Prevention, and Co-Chair of the City's Population 36 Steering Committee, presented on behalf of the Department.

Proposition 36 requires probation and drug treatment in lieu of incarceration, for conviction of possession, use, transportation for personal use, or for being under the influence of a controlled substance, and related parole violations. The Act goes into effect statewide on July 1, 2001.

Ms. Garcia began by honoring and thanking San Francisco District Attorney Terrence Hallinan for supporting Proposition 36 and for being an advocate for treatment. District Attorney Hallinan thanked Ms. Garcia, and the unique team of prosecutors and public health that worked on implementation issues. Mr. Hallinan stated that addiction and abuse are primarily medical problems. He added that he saw Proposition 36 as not just refraining from locking up people for using drugs, but also seriously begins to cure addiction and abuse in California.

Ms. Garcia described the provisions of Proposition 36, which applies to individuals convicted of certain non-violent drug possession offenses are eligible. She emphasized that during the planning process, the various subcommittees were co-chaired by representatives of criminal justice and health. According to Ms. Garcia, DPH, as the County Lead Agency, has coordinated the development of a county plan. She added that the Department will now need to provide for services or contract for services, administer funds, coordinate data collection and reporting, and coordinate evaluation of county programs. Ms. Garcia discussed other issues, such as programs, budget, stakeholders, and timetables.

A copy of the report delivered by Ms. Garcia before the Commission is enclosed as Attachment B.

Public Comment

Marcia Rosenbaum was one of the drafters of Proposition 36. She staid that San Francisco is implementing Proposition 36 the way that the drafters envisioned. She stated that Ms. Garcia visualized treatment in a way that gets to the root of the problem.

Barbara Farrell, Executive Director of the Ohlhoff Recovery Programs, thanked Ms. Garcia and Mr. Hallinan for their inclusiveness on this issue. She said that this is a wonderful opportunity to document how treatment benefits the community.

Nancy Cooper is the Director of the Ohlhoff Women's Residential program. She stated that women often feel disgrace with their drug and crime situation, and that it is important to help these women. She stated that the plan presented was a great job, and urged the Commissioners to support it.

Frederick Hobson appeared on behalf of the San Francisco Drug Abuse Advisory Board, an official body reporting to the Board of Supervisors. He thanked the Department for participating and conducting the Town Hall Meetings. He asked the Department to identify funding for treatment slots.

Nora Roman, Emergency Coalition to Save Public Health, asked the Commissioners to look at the peoples budget proposal for this year, where she said are several exciting culturally competent treatment programs.

Commissioners' Comments

- Commissioner Sanchez commended the two Co-Chairs as demonstrating what counties can do in this area. He complimented the inclusiveness of the planning effort. The Commissioner added that the bigger challenge will be the quality assurance to be sure that all systems are operational.

- Commissioner Jackson echoed Commissioner Sanchez's words. He stated that this type of program is essential, and a long time in coming.

- Commissioner Parker believes that this program will add a sense of justice to the overall system. He stated that the documentation was outstanding, and that the stakeholders were enthusiastic.

- Commissioner Umekubo thanked everyone for leading the way with this innovative program. He asked Ms. Garcia what happens after the presently available 1000 slots are filled. She replied that DPH would try other capacities. She cautioned that, from a funding perspective, DPH wants to balance the voluntary treatment programs that the City maintains now with the Proposition 36 slots because DPH does not want people to have to face jail to seek treatment.

- President Guy added her support to the leadership that created and implemented the Proposition 36 policy. She asked how DPH will evaluate and monitor this program for impact. President Guy stated that DPH must be ready in a year or two with quality analysis.

8) HEARING IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q): ST. MARY'S MEDICAL CENTER

The Proposition Q hearing concerned a plan by St. Mary's Medical Center (SMMC) to close its 22-bed Adult Inpatient Psychiatric Program and to transition those patients and staffing needs to the 35-bed Saint Francis Memorial Hospital (SFMH) Adult Psychiatric Services Department. In addition, SMMC plans to close its Electro Convulsive Therapy Program that affects approximately 32 patients per year. MSMMC also plans to increase its Adolescent Psychiatric Inpatient Program from 17 to 21 beds.

Several representatives from SMCC made presentations to the Commission during the Proposition Q hearing. Ken Steele, Interim President at SMCC, introduced other SMCC representatives, including: Stephen Krause, M.D., Medical Director of McAuley Institute at SMMC; Cheryl Fama, President, SFMH; Mel Blaustein, M.D. Medical Director for Psychiatric Services, SFMH; and Jim Illig, Chair, SMMC Community Advisory Committee.

Mr. Steele stated that SMMC is not closing, and expects to break even financially. He views the closure of the Adult Inpatient Psychiatric Program as a transfer. Mr. Steele said that although the unit has 22 beds, its average census is 14 patients. He added that the SFMH facility was recently renovated. Dr. Blaustein stated that SFMH can absorb the transferred patients, and that three physicians are transitioning from SMMC.

Mr. Steele spoke about the level of reimbursements that SMMC receives from the City, and that the program costs SMMC $1.60 for every $1.00 that it receives in revenue. Mr. Steele stated that SMMC is seeking a rate increase from the City. Ms. Fama added that SFMH loses money on adult inpatient psychiatric services.

See Attachment C for more information.

Public Comment

Helga Carlton, has been a psychiatric nurse at St. Mary's Medical Center for 21 years. She questioned why St. Mary's would close a needed unit, and why San Francisco would allow it.

George Oulette is a CNA at St. Mary's. He stated that staff were told to keep the unit's census low. He believed that the consequences of the closure would be that clients would be on the street.

Stephanie Hadabaus, R.N., spoke about the bed closures. She stated that patients are sicker today, with fewer staff to care for them. She questioned the safety of the patients, with each nurse caring for 6 – 8 patients. Ms. Hadabaus added that St. Mary's has long provided specialized services for patients; and that Saint Francis Memorial Hospital cannot adequately treat the same patients.

Lynn Herring read a statement on behalf of Naomi White of St. Mary's. She stated that under the St. Mary's proposal, patients will be warehoused and receive less care.

Pam Ernst, R.N., is the Manager of adult psychiatric inpatient services at St Mary's. She believed that the unit's closure would be a tragedy.

Nancy Cox, has been a RN, at St. Mary's for 19 years. She asked that the closure be reconsidered. She further stated that many people depend on the unit for care and will find themselves in trouble.

Nora Roman, Emergency Coalition to Save Public Health, said that she was concerned with all services, and that cutting any beds is not sound health care policy. She asked that health care not be viewed as a commodity, and to support legislative efforts to increase charity care.

Ray Castro has been an R.N. at St Mary's for 17 years. He is concerned about St. Mary's ability to respond to a community emergency.

Commissioners' Comments

- Commissioner Parker stated that he was concerned about the downsizing, but that the Commission was receiving mixed messages: 1) that there are not enough patients to keep the unit open, and 2) that the reimbursement rates are too low to keep the unit open. Kenneth Steele responded that payors are not willing to pay full costs of services, and that the City controls many beds.

- Commissioner Sanchez noted that St Francis upgraded its 35 bed adult psychiatric unit. He stated that the efficacy and quality of care are the primary issues. Diane Roberts, Clinical manager of Psychiatric Services at Saint Francis, stated that the adult psychiatric units at SMMC and St. Francis have operated at 50% capacity for years, and that St. Francis Unit was never full. Ms. Roberts stated that the patients were selected by need, not by payor mix. She offered reassurance that St Francis will be able to accommodate new people

- Commissioner Parker stated that if St. Mary's does not survive, then it will be of no use to anyone. He asked whether the low number of beds was due to financial concerns or related to patient health. Ms. Roberts responded that, over the last 10 to 15 years, there has been tremendous changes affecting psychiatric patient treatment and hospitalization. She added that payors have restrictive criteria for when they will pay.

- President Guy asked if the beds have ever been filled to capacity. Cheryl Fama of SFMH, did not think that the 35-bed capacity had been reached. In response to President Guy's further question, Ms. Fama stated that there was probably not a need for additional adult acute psychiatric care beds.

- Commissioner Jackson asked several questions regarding rates and rate increases. He questioned whether the elevator in the AIDS Dementia Unit, discussed during a previous Commission meeting, was now working. Mr. Steele answered no, that the elevator technology was not yet installed. Commissioner Jackson then stated that from a business standpoint, a $1.60 service cannot be provided for $1.00.

- President Guy clarified the purpose of that day's Proposition Q hearing, which was whether the closure of the SMMC programs would have a detrimental impact upon the public health of San Francisco. She stated that the Commission does not oppose SMMC maintaining its priority on adolescent psychiatric inpatient services.

Linda Wang, Director, Adult and Older Adult Systems of Care, DPH, discussed the future needs for adult psychiatric inpatient beds. Ms. Wang prepared a Memorandum for the Commission in which she concluded that the City probably would not be short on adult psychiatric inpatient beds next year. She discussed average usage, but warned that psychiatric needs do not always follow averages. Ms. Wang identified peak usages, and out of county placements. She added that SMMC has provided extremely valuable services to City.

- President Guy stated that what once was excess capacity is now consolidated. She questioned whether, with low reimbursement rates, the City will be faced again with the same situation. Ms. Fama responded that consolidating 25 to 30 patients would help to bring costs down. She anticipates improved rates from some of the managed care companies. Ms. Fama would like to cover the operating costs. President Guy added that one lesson of Proposition Q is that different parties must work as allies, for example in seeking higher Medi-Cal reimbursement rates, instead of competitors.

- Commissioner Sanchez stated that these are difficult hearings. He suggested looking at alternative sources of funding, such as foundations and religious institutions.

President Guy thanked everyone for participating in the hearing, which will be continued to the next meeting.

9) OTHER BUSINESS/PUBLIC COMMENTS

Public Comment

Elizabeth Frantes commented on the Director's Report. She stated that people need better access to health care, and that the Commission should listen to providers, and to stop listening to the same people who got the Department into the current mess. Ms. Frantes also stated that the Healthy Families program discriminates against childless people.

President Guy adjourned the meeting at 6:35 p.m.

Arthur Greenberg

Arthur R. Greenberg
Interim Health Commission Secretary

Attachments (3)

City and County of San Francisco Department of Public Health

MEMORANDUM

May 15, 2001

TO: President Roma Guy
and Honorable Members of the Health Commission

THROUGH: Mitchell Katz, M.D.
Director, Department of Public Health

FROM: Monique Zmuda
Chief Financial Officer

RE: Revenue and Expenditure Report – 3rd Quarter FY 2000-01

This report presents the third quarterly financial projection of revenues and expenditures for the Department of Public Health for fiscal year 2000-01. These projections are based on revenue collected and billed, and expenses incurred for the first nine months of the fiscal year, ending March 31, 2000. Based on this data, the Department of Public Health is projecting a year-end surplus of $2.1 million for FY 00-01. This is approximately a $100,000 decrease from the surplus we reported to the Health Commission after the second quarter of operations. Based on expected increases to power/energy costs in the current year, we anticipate that this entire surplus will be utilized to fund increased energy.

The following table shows projected fiscal year revenues and expenditures by division. A more detailed discussion of revenue and expense projections is contained on the next page.

Projected FY 2000-01 Year-End Surplus/Deficit

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Community Health Network							
SFGH	$ 451,084,605	$ 455,319,525	$ 4,234,920	$ 451,084,605	$ 453,864,677	$ (2,780,072)	$ 1,454,848
Laguna Honda	128,583,757	130,109,402	$ 1,525,645	$ 128,583,757	130,322,419	(1,738,662)	(213,017)
Primary Care	42,723,011	41,023,527	(1,699,484)	$ 42,723,011	41,742,274	980,737	(718,747)
Health at Home	4,632,724	4,629,754	(2,970)	$ 4,632,724	4,335,473	297,251	294,281
Jail Health	22,254,854	22,255,813	959	$ 22,254,854	24,340,589	(2,085,735)	(2,084,776)
CHN Total	**649,278,951**	**653,338,021**	**4,059,070**	**649,278,951**	**654,605,432**	**(5,326,481)**	**(1,267,411)**
Population Health & Prevention							
Central Admin	18,313,227	19,714,521	$ 1,401,294	18,313,227	17,979,819	333,408	1,734,702
Community Health	59,588,095	60,881,622	1,293,527	59,588,095	58,891,703	696,392	1,989,919
Mental Health	155,262,548	152,672,548	(2,590,000)	155,262,548	153,596,344	1,666,204	(923,796)
Substance Abuse	54,117,670	54,248,282	130,612	54,117,670	53,704,100	413,570	544,182
Subtotal	**287,281,540**	**287,516,973**	**235,433**	**287,281,540**	**284,171,966**	**3,109,574**	**3,345,007**
Total	**936,560,491**	**940,854,994**	**4,294,503**	**936,560,491**	**938,777,398**	**(2,216,907)**	**2,077,596**
Adjustments							
Energy Costs *	0	0	0	0	2,077,596	(2,077,596)	(2,077,596)
Subtotal	**0**	**0**	**0**	**0**	**2,077,596**	**(2,077,596)**	**(2,077,5**
DPH TOTAL	**936,560,491**	**940,854,994**	**4,294,503**	**936,560,491**	**940,854,994**	**(4,294,503)**	**0**

COMMUNITY HEALTH NETWORK

San Francisco General Hospital: Year-end projections show a surplus of $1,454,848.

Revenues are projected at a surplus of $4,234,920 due to:

- a deficit of $12,373,783 in MediCal which is counterbalanced by surplus revenue of $17,464,838 in patient revenues. Revenues and bad debt from these two accounts are being re-aligned to appropriately reflect actual reimbursement;
- a deficit of-$1,558,227 in Medicare;
- a small increase in Prop 99 Tobacco revenue;
- a surplus of $617,613 in miscellaneous revenues.

Expenditures are projected to be over budget by $2,780,072 due to:

- a $5,004,239 deficit from salaries and fringe benefits based on year-to-date actual expense;
- a $2,190,000 deficit in materials and supplies;
- a $1,811,938 surplus in contractual services;
- a $368,000 surplus in workers compensation; and

- a $1,446,167 surplus in the IHSS Health Services workorder with DHS.

These variances are primarily due to the continued operation of the outpatient pharmacy and the late start up of the pharmacy benefits manager services, resulting in increased personnel and pharmaceutical expenditures, and less contract expenditures.

Laguna Honda Hospital*:* Year-end projections show a deficit of $213,017.

Revenues are projected at a surplus of $1,525,645 due to:
- a $2,337,894 surplus in Medi-Cal revenues primarily due to increases to the SNF reimbursement rate of $8.55 per day for the wage pass through;
- a $279,190 deficit in Medicare revenues primarily due to decreased census;
- a $519,600 deficit in patient revenues; and
- a $13,459 deficit in other miscellaneous revenues primarily due to a decrease in operating gifts received.

Expenditures are projected to be over budget by $1,738,662 due to:
- a $988,662 deficit from salaries and fringe benefits based on year-to-date actual expense and the high use of overtime;
- a 350,000 deficit in materials and supplies due to pharmaceutical expense; and
- a $400,000 deficit in work orders due to shortage of funding for City Attorney services.

Primary Care: Year-end projections show a deficit of $718,747.

Revenues are projected to be under budget by $1,699,484 due to:
- a $1,082,957 deficit in Medi-Cal revenues;
- a $303,374 surplus in Medicare revenues;
- a $453,085 surplus in Patient revenues based on year-to-date actual revenues;
- a $28,663 deficit in bad debt accounts; and
- a $1,375,000 deficit in workorder recoveries.

Expenditures are projected to be under budget by $980,737 due to:
- a deficit of $19,263 from salaries and fringe benefits based on year-to-date actual expense;
- a surplus of $1,000,000 in contractual services in the workorder fund.

Jail Health Services: Year-end projections show a shortfall of $2,084,776.

Revenues are projected to be
- $959 over budget due to additional miscellaneous revenues.

Expenditures are projected to be over budget by $2,085,735 due to:

- a $1,766,360 deficit from salaries and fringe benefits based on year-to-date actual expense; and
- a $319,375 deficit in materials and supplies primarily from higher than expected pharmaceutical expense.

Health at Home: Year-end projections show a surplus of $294,281.

Revenues are projected to be $3,000 under budget in patient revenues

Expenditures are projected to be $297,251 under budget due to savings in salaries and fringe benefits.

Taken together all divisions of the Community Health Network, we project that the CHN will end the year with a deficit of $1.27 million.

POPULATION HEALTH AND PREVENTION

Central Administration: Year-end projections show a surplus of $1,734,702.

Revenues are projected to be $ 1,401,294 over budget due to:
- a $1,394,376 surplus in Medi-Cal revenues due to unbudgeted MAA revenues for FY 98-99 & FY 99-00; and
- a $6,918 surplus in miscellaneous revenues.

Expenditures are projected to be under budget due to:
- $333,408 surplus from salaries and fringe benefits based on year-to-date actual expense.

Community Health: Year-end projections show a surplus of $1,989,919

Revenues are projected to be $1,293,527 in excess of budget due to:
- a $334,744 deficit in Medi-Cal revenues primarily resulting from lower than expected Medi-Cal revenues for TB, CCS and Family Planning;
- a $80,892 surplus in Medicare revenues from the TB clinic, CCS, and Family Planning;
- a $1,265,064 surplus in patient revenues due to capture of prior year revenue in the CCS program, consolidation of CCS admin and enhanced case management program, and the implementation of the State's EDS billing system; and
- a $282,315 surplus in miscellaneous revenues due primarily to better collection in the environmental health fees.

Expenditures are projected to be under budget by $696,392 due to:
- a $470,089 surplus in salaries and fringe benefits based on year-to-date actual expense;
- a $125,600 surplus in contractual services and materials and supplies; and
- a $100,703 surplus in workers compensation.

Mental Health: Year-end projections show a deficit of $923,796.

Revenues are projected to be $2,590,000 under budget due to:
- a $1,590,000 deficit in MediCal revenues due to less than anticipated enrollment for Family Mosaic and a partial offset to 95-96 audit disallowance.
- a $630,000 deficit in Medicare revenues resulting from lower realized reimbursements and overpayments;
- a $30,000 surplus in Patient revenues; and
- a $90,000 general fund budgeting error.

Expenditures are projected to be under budget by $1,666,204 due to:
- a $336,777 surplus in salary and fringe benefit benefits based on year-to-date actual expense;
- a $1,045,000 savings in contractual services to counter balance the shortage in revenues; and
- a savings of $284,427 in workorder expenses.

Substance Abuse: Year-end projections show a surplus of $544,182

Revenues are projected to be $130,612 in excess of budget due to;
- $130,612 surplus in miscellaneous revenues.

Expenditures are projected to be $413,570 under budget due to:
- $113,570 surplus in salary and fringe benefits based on year-to-actual expense.
- $300,000 savings in contractual services.

Power and Energy Cost

The estimated year-end surplus of $2,077,596 for the entire Department of Public Health does not include projections for increased light and power costs. Preliminary estimates based on current rates, indicate that light and power costs could exceed budget by $3.8 million dollars. The Department proposes that the projected surplus of $2,077,596 be used to cover rising energy costs not currently budgeted. The remaining cost of energy increases of $1.7 million will be funded through a city wide supplemental appropriation.

Conclusion

Based on current projections and the City's supplemental appropriation to fund increased energy costs, we estimate that the Department will balance its current year budget without a need for additional General Funds from the City and County.

California Proposition 36

The Substance Abuse and Crime Prevention Act

San Francisco County Plan

Presentation to Health Commission

May 15, 2001

Attachment B

Overview

Substance Abuse and Crime Prevention Act of 2000

Provisions

- Individuals convicted of certain non-violent drug possession offenses are eligible
- Provides funds for treatment for up to one year and aftercare for another six months
- Upon successful completion of treatment, the conviction can be expunged
- Prop. 36 does *not* displace pre-plea diversion programs

Public Health Model

- Health professionals, not criminal justice professionals, make treatment decisions
- Treatment programs supervise offender
- Relapse is treated as a condition of addiction, not an offense
- Client confidentiality is honored

Fiscal Impact

- Provides $120 million annually for California
- Net savings of $1.5 billion for counties and the state combined
- Savings due to difference in cost between incarceration and providing community based treatment
- Provides SF with $2,298,950 in FY 2000-01
- Provides SF with $4,435,113 in FY 2001-02

Planning Timeline

Jan 16

Health
Commission

Feb 26

DPH Designated Lead
Agency by BOS

Feb 28

Steering Committee
Western Addition

March 28

Steering Committee
Tenderloin

April 18

Steering Committee
Bayview Hunter's Point

May 15

Health Commission

June

Plan to State, pending
BOS Approval

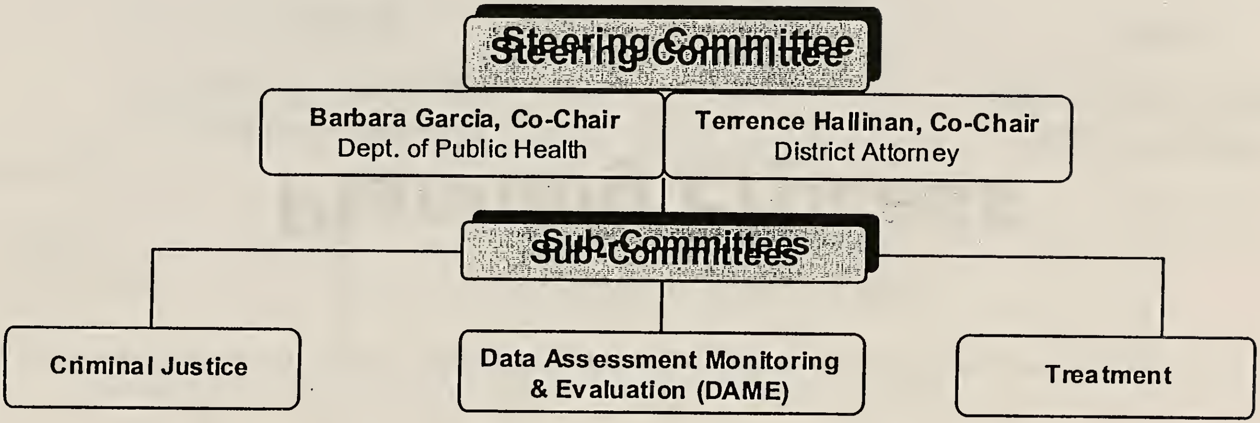
July 1

Implementation
Begins

Overview

Planning Process

Planning Structure



Steering Committee

Barbara Garcia, Co-Chair
Dept. of Public Health

Terrence Hallinan, Co-Chair
District Attorney

Sub-Committees

Criminal Justice

Data Assessment Monitoring & Evaluation (DAME)

Treatment

Phyllis Harding, Co-Chair
Community Substance
Abuse Services, DPH

Newton Lam, Co-Chair
Superior Court, City and County of SF

Alice Gleghorn, Co-Chair
Community Substance Abuse
Services, DPH

Dennis Morris, Co-Chair
District Attorney's Office

Cynthia Caporizzo, Co-Chair
Mayor's Criminal
Justice Council

Dr. David Hersh, Co-Chair
San Francisco General Hospital, DPH

*** The San Francisco Department of Public Health has been designated the lead agency for administration of funds from Proposition 36.**

Department of Public Health

County Lead Agency

✓ **Coordinates development of a county plan**

- Provides and/or contracts for services
- Administers funds
- Coordinates data collection and reporting
- Coordinates evaluation of county programs

Approval of County Plan

- Requires approval by Board of Supervisors
- Submit to California Department of Alcohol and Drug Programs
- Funds transferred to County pending approval of County Plan

Stakeholders

Health System

Criminal Justice System

Community & Clients

Community Substance Abuse Services

- Ensures provision of services through contracts with community-based treatment providers
- Administers Treatment Access Program (TAP)
- Ensures effective reporting systems
- Coordinates with criminal justice system

Community Substance Abuse Services

Treatment Access Program

- Assesses and places clients in treatment
- Coordinates with criminal justice system
- Ensures development of treatment plans
- Conducts re-assessments and placement adjustments as necessary

Treatment Providers

- Work with client to develop treatment plan
- Provide treatment services
- Provide or refer to ancillary services
- Coordinate with Treatment Access Program

Criminal Justice System

District Attorney

Public Defender

Courts

Probation

Parole

Implementation

- Implementation begins July 1, 2001
- Development of MIS and reporting systems
- Expansion of existing treatment contracts and RFP's for new services:

Phase 1:

Expand existing services with contractors that are certified

Phase 2:

Expand existing services with contractors that become certified

Phase 3:

RFP Process for new services

Modalities

- Outpatient
- Intensive Outpatient
- Day Treatment
- Residential
- Outpatient Drug Education
- Methadone Treatment
- Other Services:
  - Literacy
  - Vocational
  - Family Counseling

Policy & Implementation Issues

- Misdemeanor offenses and participation under the Act
- SF Harm Reduction Policy vs. State policies
- Limited release of information
- Lack of housing for clients
- Expedited Court processes
- Collateral consequences of conviction

St. Mary's Medical Center
CHW

450 Stanyan Street
San Francisco, CA 94117-1079
415 668 1000 Telephone

May 10, 2001

Memo to: President Roma Guy, MSW, and
Members of the San Francisco Health Commission
From: Margine Sako
Director of Community Health & Advocacy
Re: St. Mary's Medical Center Prop Q Hearing on May 15th
Adult Inpatient Psychiatric Program

Mr. Ken Steele, Interim President at St. Mary's Medical Center (SMMC), will lead six presentations at the Proposition Q hearing on May 15th. The speakers are listed below and an outline of their presentations follows. Their statements will describe the closure process for the SMMC Adult Inpatient Psychiatric Program and the relationship to Saint Francis Memorial Hospital (SFMH). Also, attached for your information are past notifications and materials on the closure.

Speakers:
- Ken Steele
- Stephen Krause, MD, Medical Director of McAuley Institute at SMMC
- Cheryl Fama, President, Saint Francis Memorial Hospital (SFMH)
- Mel Blaustein, MD, Medical Director for Psychiatric Services, SFMH
- Jim Illig, Chair, SMMC Community Advisory Committee

Attachments:
- The SMMC March 7th letter to SF Division of Mental Health requesting consideration for an increased reimbursement rate.
- The SMMC March 30th letter sent to the Health Commission requesting the Prop Q Hearing
- The SMMC April 18th letter sent to the Health Commission Secretary requesting that the closure of the SMMC Electro Convulsive Therapy service be added to the Proposition Q hearing.
- The SMMC May 1st letter sent to 2226 psychiatric providers in SF and surrounding counties

Should you have any questions, please do not hesitate to contact me at 415-750-8108.

Adult Psychiatric Inpatient Program – St. Mary's Medical Center
Scheduled Closure on June 30, 2001
Loss for FY 2000 was in excess of $750,000

For the past six weeks the hospital leadership, physicians and staff at SMMC and SFMH have been working on the operational details of closing the SMMC 22-bed Adult Psychiatric Inpatient Program, increasing the SMMC Adolescent Psychiatric Inpatient Program from 17 to 21, and transitioning patients and staffing needs to the 35-bed SFMH Adult Psychiatric Services Department. Because there are multiple facilities involved, many of the details have not yet been finalized. Nonetheless, the following information contains the actions and plans that have been determined to date.

The average census for SMMC adult unit has been 14 and at SFMH it has been 23. Both hospitals have been operating significantly under capacity, which is 22 and 35, respectively. This average was taken over a three-month period and is higher than over a longer period of time. For example, recently SMMC has been running at 8-9 patients and SFMH at about 13.

The strategic and operational analyses at SMMC determined that adolescent psychiatric programs should continue at SMMC and the adult program should continue at SFMH. SMMC financial losses and lack of adequate reimbursements for adult inpatient psychiatric services could not continue. As an example, the current reimbursement rate for San Francisco County would have to be increased by 75% to meet SMMC costs. San Francisco represents 40% of SMMC adult psychiatric patients and the City rates are legally mandated to apply to any out-of-county patients. SMMC has subsidized its adult and adolescent psychiatric units. It is not in a financial position to continue subsidizing both programs.

Transition of Patients and Triggers for Early Closing Potential.

SMMC plans to staff for a census of 13-16. If the staff levels change because of vacations and staff choosing to move early, SMMC will adjust the census and admissions accordingly. The Medical Director, nursing manager and administration will determine if the unit cannot be maintained at a safe level. If an unsafe determination is made, SMMC will be forced to close earlier than June 30th. The average length of stay is 9 days. 13 days prior to closure, admissions to SMMC adult inpatient psychiatric unit will cease. If there are any patients in the unit on June 30th, they will be moved to SFMH or another facility.

Electro Convulsive Therapy Program

The program serves 32 patients per year (21 inpatients, 11 outpatients) for a total of 177 treatments/year (140 inpatient treatments, 37 outpatient treatments)

There are other facilities in San Francisco that provide the service: CA Pacific Medical Center and Langley Porter.

Staffing Impact

There are approximately 40 employees, a mix of (27) FTEs and (11) per diem positions. The per diem positions are flex positions and not considered in the following information. The staffing transitions cited below are as of today and it will probably change. The details represent people, not FTEs. SMMC and SFMH are still planning the staffing needs.

▪ 12 RNs.	2 will move to SMMC med/surg units 1 still deciding if will move to med/surg 4 potentially may move to SFMH 5 remaining. There are 3-4 openings in Adolescent Psych. They have chosen not to transfer.
▪ 8 LVNs	1 to adolescent 1 to med/surg 4 on medical leave 2 remaining.
▪ 2 Mental Health Clinicians	1 to adolescent 1 still deciding if will transfer to adolescent
▪ 3 Aides	1 on medical leave 2 remaining.
▪ 2 Secretaries	1 has seniority in-house 1 remaining.
▪ 1 Social Worker	1 moving to the East Coast
▪ 2 Case Managers	2 remaining.

Physicians: There are a total of five physicians associated with the SMMC adult psychiatric unit. For approximately two years, three SMMC physicians have also been working at SFMH. In the near future, one additional SMMC physician may move to SFMH.

Emergency Room Transition

SMMC is currently working closely with D/Public Health staff in Quality Management and Inpatient Utilization to amend our adult 5150 receiving facility designation. Once it is finalized, SMMC will work closely with Emergency Medical Services, Fire and Police departments, and ambulance companies. Dr. Krause has been working closely with Dr. John Brown.

SMMC is developing ER patient assessment and transfer protocols in accordance with *EMTALA* regulations. Please note that SMMC will continue to be an adolescent 5150 receiving facility.

City and County of San Francisco
Department of Public Health

Population, Health and Prevention
Community Mental Health Services

Linda Wang, LCSW
Director, Adult & Older Adult
Systems of Care
1380 Howard Street, 5th floor
San Francisco, CA 94103

MEMORANDUM

DATE: May 11, 2001

TO: Honorable Roma Guy, President and Members of the San Francisco Health Commission

Through: Mitchell H. Katz, MD, Director of Health

FROM: Linda Wang LWang

RE: Proposition Q Hearing on St. Mary's Hospital Adult Psychiatric Inpatient Unit Closure

This is in relation to the Prop Q hearing scheduled for May 15, 2001 on the closure of an adult inpatient unit (18 beds) at St. Mary's Hospital, and whether there would be a negative impact on the health of the City as a result of the closure.

If St. Mary's closes its beds, there would be 101 private hospital psychiatric beds left: St. Francis which increased its beds in April 2001 from 25 to the current 35, St. Luke's which has 31 beds and California Pacific Medical Center which has 35 beds. CMHS has plans to contract with St. Francis and St. Luke's in FY 2001-2002.

In FY 99-00, CMHS clients used 10,832 bed days (including acute, administrative and denied days) total at the private hospitals. This is equivalent to an average of 29.68 beds per day. During this same fiscal year, 10 clients were sent to out-of-county psychiatric inpatient units due to lack of availability of beds in the city. In FY 00-01, based on 9 months of actual utilization, the projected annual utilization is 9,891 days, or an average of 27 beds per day. During the first 9 months of this fiscal year, 3 clients were sent to out-of-county psychiatric inpatient units due to lack of availability of beds in the city.

Tel. (415) 255-3421

Fax 415) 255-3567

If rates do not go up appreciably next year for the remaining hospitals, then we could expect that generally we would not be short on beds. We would expect to utilize increased beds at St. Francis and St. Luke's, and such increased utilization would compensate for the loss of beds at St. Mary's Hospital. There may be 5-10 instances during the next fiscal year when all psychiatric beds in the City are occupied and we will then need to utilize beds in out-of-county facilities to hospitalize San Francisco clients.

However, we are expecting to receive shortly a rate proposal for adult beds at St. Francis and do not know currently what the proposed rate will be. The reduction of the number of San Francisco hospitals with psychiatric beds and an overall reduction in the number of psychiatric beds for adults in the City reduces competition and potentially will result in increased rates for services. Should this happen, from our standpoint there will be a detrimental impact on the market.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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HEALTH COMMISSION

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Commissioner

Mitchell H. Katz, M.D.
Director of Health

Arthur R. Greenberg
Interim Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: *http//www.dph.sf.ca.us*

NOTICE

SPECIAL PUBLIC HEARING
HEALTH COMMISSION

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Tuesday, May 15, 2001
Time Specific: 4:30 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

Public hearing in accordance with the Health Care Planning Ordinance (Proposition Q, 1988) to consider the impact of the following change on health care services of the community at St. Mary's Medical Center:

- **Closure of the St. Mary's Adult Inpatient Psychiatric Program**

Persons unable to attend this public hearing may submit written comments to:

Health Commission
c/o President Roma Guy, MSW
101 Grove Street, Room #311
San Francisco, CA 94102

For information call the Health Commission Office at 554-2666.

Posted April 5, 2001

101 Grove Street **San Francisco, CA 94102-4505**

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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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NOTICE

JOINT COMMISSION MEETING

COMMISSION ON THE AGING
HEALTH COMMISSION
HUMAN SERVICES COMMISSION

Thursday, May 17, 2001
3:00 to 5:00 p.m.
Gerald Simon Auditorium
Laguna Honda Hospital
375 Laguna Honda Blvd.
San Francisco, CA

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See Attached Agenda

101 Grove Street **San Francisco, CA 94102-4505**

JOINT COMMISSION MEETING

COMMISSION ON THE AGING
HEALTH COMMISSION
HUMAN SERVICES COMMISSION

DATE: **Thursday, May 17, 2001**

TIME: **3:00 p.m. to 5:00 p.m.**

PLACE: **Gerald Simon Auditorium**
Laguna Honda Hospital
375 Laguna Honda Boulevard

AGENDA

	ITEM	TIME
I.	Welcome and introductions	3:00 p.m.
II.	Discussion: Strategies to improve long-term care services in San Francisco	3:10 p.m.
A.	Evolution of the Department of Aging and Adult Services (DAAS) • Conclusion of the Long-Term Care (LTC) Pilot Project under AB 1040 • Expanded role and responsibility of DAAS for LTC planning	3:15 p.m.
B.	DAAS efforts to consolidate county services for older and disabled adults	3:45 p.m.
C.	DAAS plans for planning and implementing improvements in service delivery • Development of a web-based information system • Preparation of a strategic plan • Consideration of regional issues	4:00 p.m.
D.	Need for continued collaboration between DAAS, Department of Public Health (DPH) and Department of Human Services (DHS) • Coordination of programs/services that benefit older and disabled adults • Analysis of Medicaid data to better understand service use and costs • Pursuit of Medicaid waivers to expand home and community-based care	4:30 p.m.
III.	Public Comment • Comments from the public will be received at this time re: matters under the jurisdiction of DAAS, DPH and DHS	4:45 p.m.
IV.	Adjournment	5:00 p.m.

DISABILITY ACCESS

The Gerald Simon Auditorium at Laguna Honda Hospital is located on the first floor of the main building and has accessible seating for persons with disabilities (including those using wheelchairs). MUNI lines serving Laguna Honda Hospital are bus lines 36, 43, 44 and the Metro lines K, L and M. All the MUNI lines are accessible. Accessible parking has been designated in the Laguna Honda parking area. Large print copies of the agenda will be made available on request. Please contact the Commission office at 557-6431 at least two business days in advance of need. In order to allow individuals with environmental illness to attend meetings, all are asked to refrain from wearing perfume or other scented products.

TRANSLATION SERVICES

Interpreters for languages other than English are available on request. Sign language interpreters are also available on request. For either accommodation, contact the Commission office at 557-6431 at least two business days before a meeting.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at 554- 7724, e-mail: DonnaHall@ci.sf.ca.us

LOBBYIST ORDINANCE

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by San Francisco Lobbyist Ordinance [SF Admin Code Section 16.520-16.534] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the Ethics Commission at 1390 Market Street No. 701, SF 94l02, (415) 554-9510, FAX (415) 703-0121 and web site http://www.ci.sf.ca.us./ethics/.

SUBMITTING WRITTEN PUBLIC COMMENT TO THE COMMISSION

Persons who are unable to attend the public meeting may submit to the Commission, by the time the proceedings begin, written comments regarding the subject of the meeting. These comments will be made a part of the official public record, and brought to the attention of the Human Services Commission and the Department of Human Services. Written comments should be submitted to the Commission Secretary, Post Office Box 7988, San Francisco, CA 94120..

ORAL PUBLIC COMMENT TO THE COMMISSION

Public comment will be taken on each item being considered by the Commission prior to the Commission's vote.

EXPLANATORY DOCUMENTS RELATED TO AGENDA ITEMS

Copies of explanatory documents are available through the Commission Secretary (415 557-6431) during normal business hours. They may be faxed or mailed to you upon request.

SOUND-PRODUCING ELECTRONIC DEVICES PROHIBITED

The ringing of and use of cell phones, pagers and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

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MINUTES OF THE MAY 17, 2001
JOINT MEETING
COMMISSION ON THE AGING
HEALTH COMMISSION
HUMAN SERVICES COMMISSION

Gerald Simon Auditorium, Laguna Honda Hospital
San Francisco, CA 94116

The meeting was called to order by Health Commission President Roma P. Guy at 3:10 p.m. Commissioner Guy welcomed those assembled and said that the Health Commission is confident about the work of improving the quality of long-term care (LTC) services in San Francisco.

WELCOME AND INTRODUCTIONS

Commission on the Aging members present: Clarence Brown, Raymond del Portillo, Ed.D., Vera Haile, Joe Lacey, Marjorie Stern, Veneracion Zamora; excused: Rosario Carrion-Di Ricco.

Health Commission members present: Roma P. Guy, MSW, Arthur M. Jackson, Harrison Parker, Sr., DDS, David J. Sanchez, Jr., Ph.D.; excused: Edward A. Chow, M.D., Lee Ann Monfredini, John L. Umekubo, M.D.

Human Services Commission members present: Brian Gaines, Anita Martinez, Jane Morrison, George Yamasaki, Jr.; excused: June Keller.

DISCUSSION: STRATEGIES TO IMPROVE LONG-TERM CARE SERVICES IN SAN FRANCISCO

Sandra Nathan, Executive Director of the Department of Aging and Adult Services (DAAS), explained that the purpose of the joint Commission meeting was to present information on the transition of primary responsibility for LTC planning and implementing improvements in San Francisco's LTC service delivery system to DAAS and to seek the support of the Department of Public Health (DPH) and Department of Human Services (DHS) to ensure continued collaboration.

EVOLUTION OF THE DEPARTMENT OF AGING AND ADULT SERVICES (DAAS)

Conclusion of the Long-Term Care (LTC) Pilot Project under AB 1040

Anthony G. Wagner, Executive Administrator of the Community Health Network for DPH and co-chair of the LTC Pilot Project Task Force, presented an overview of the history of the LTC Pilot Project Task Force. He stated that the Task Force was formed in 1997 to begin planning to improve LTC services for older and disabled adults. Planning for Elders in the Central City (PECC) and other community-based agencies had identified the fragmentation of LTC services and the need for improvement. The State's LTC Integration Pilot Program (AB 1040), was identified as the vehicle for needed change. Mr. Wagner reported that as data were gathered and analyzed, it became evident that AB 1040 does not meet San Francisco's needs.

The Task Force presented final recommendations to the Health Commission that planning for LTC services should no longer take place under AB 1040 and that DAAS should provide administrative oversight for the LTC service delivery system. Mr. Wagner emphasized that DPH is still very involved in the delivery of LTC services, and that Task Force members who wish to do so will continue to remain involved in LTC planning through DAAS advisory and policy bodies. Mr. Wagner reported that the Task Force will proceed to the Board of Supervisors with a final presentation and report on the AB 1040 planning process. This will provide an opportunity to educate new Supervisors on LTC issues and to seek support for the new direction of LTC in San Francisco. Mr. Wagner acknowledged the members of the Task Force and others who were involved in the process.

Jennie Chin Hansen, Executive Director of On Lok, Inc. and co-chair of the LTC Pilot Project Task Force, commented on the collaboration evidenced by the joint Commission meeting, saying that there has been participation by consumers, providers and other stakeholders throughout the process and community partners will continue to play a key role. She stated that the timing is compelling due to the Supreme Court's Olmstead decision. Ms. Hansen expressed her confidence that improvements in LTC will be implemented under the leadership of Sandra Nathan.

Expanded role and responsibility of DAAS for LTC planning
Ms. Nathan outlined planned strategies to improve LTC services, including creation of a coordinated, consumer-responsive service delivery system and making services more accessible and affordable to consumers with multiple needs. She stated that the creation of DAAS in July 2000 to consolidate services was consistent with other counties that are trying to achieve integration. She spoke about Governor Gray Davis' "Aging with Dignity Initiative" and said that DAAS will promote "Living with Dignity" to expand innovative home and community-based care alternatives for elderly and disabled San Franciscans.

Ms. Nathan reported that the DAAS Continuum of Care Policy Committee, which will advise the Department and Commission, is comprised of an outstanding group of representatives of public and private entities. She thanked all those who applied and said that many of those not selected will have the opportunity to work with the Department on other advisory bodies.

DAAS EFFORTS TO CONSOLIDATE COUNTY SERVICES FOR OLDER AND DISABLED ADULTS

Regarding the progress made by DAAS in consolidating services, Ms. Nathan described the integration of the Commission on the Aging, the Public Administrator/Public Guardian/County Veteran Service Office and Office of Mental Health Conservatorship. The Department is working with DHS to see how Adult Protective Services and In-Home Support Services can be integrated over the next two fiscal years.

DAAS PLANS FOR PLANNING AND IMPLEMENTING IMPROVEMENTS IN SERVICE DELIVERY

Development of a web-based information system
Bill Haskell, LTC Principal Investigator, explained that DAAS plans to implement manageable, incremental phases to improve the LTC service delivery system as follows: (1) consolidation of existing programs; (2) expansion of home and community-based services; (3) linkage and inclusion of medical and institutional services.

In order to increase access to services and improve reporting systems, DAAS received a grant of $1.7 million from the California Department of Aging (CDA) to develop a web-based information system, entitled SF GetCare, which will encompass a LTC provider directory, a consumer assessment, referral and enrollment tool, an integrated county-wide LTC database, support for Medicaid waiver applications and a multi-agency online case management system. Consumer and provider training and support will be provided throughout the life of the grant. The Department has also applied for a National Telecommunications and Information Administration grant to expand access with training and translation in multiple languages.

Preparation of a strategic plan
Ms. Nathan spoke about the importance of a strategic plan in realizing the ambitious vision of improving LTC services. In order to ensure that consumers are better off than before the creation of the Department, DAAS will undertake a strategic planning process with community partners and a community-wide planning process with other City Departments. DAAS is also involved in regional planning through participation in the Bay Area Aging and Adult Service Policy Work Group. Ms. Nathan said that DAAS is exploring alternatives to AB 1040 with several other counties, with the help of the California Health Care Foundation, to expand home and community-based services through Medicaid waivers. Ms. Nathan also said that she is excited about efforts of state governors to generate changes at the federal level to provide flexibility in using Medicaid funds directly for home and community-based care.

NEED FOR CONTINUED COLLABORATION BETWEEN DAAS, DPH AND DHS

Coordination of programs/services that benefit seniors and disabled adults

Trent Rhorer, Executive Director of DHS stated that DHS has been a participant in planning for LTC services and will continue to support the consolidation of county programs, including the transition of APS and IHSS into DAAS. Mr. Rhorer expressed that DHS is fully committed to this effective partnership.

Ms. Nathan underscored the importance of collaboration between DAAS, DPH and DHS, suggesting that DAAS could collaborate with DPH on its Community Access Program and participate in getting residents of Laguna Honda Hospital into community settings. Another important area for collaboration is in the area of analysis of Medicaid data for the LTC target population to better understand service utilization and costs and pursuit of Medicaid waivers.

PUBLIC COMMENT

Herb Levine, Executive Director of the Independent Living Resource Center expressed concern about the setting of the meeting, saying that Laguna Honda Hospital is not an integrated setting and is not accessible.

Norma Satten of PECC, said that she was involved in the early planning and thanked everyone for working together. She also noted the importance of continued collaboration with community partners and suggested that the issues of housing and transportation are critical and need to be included in planning.

Commissioner Lacey said that he has observed this evolution and noted that a lot of work has been done and a lot of work remains. He believes that the effort will be successful under Ms. Nathan's leadership and that the Commissions need to be active partners in this effort.

Commissioner Jackson said that he was privileged to work on the Mayor's Implementation Working Group and that Ms. Nathan has done an extraordinary job. He stated that it will be important to have an effective marketing plan to ensure that the public is aware of services and knows how to access them.

Commissioner Stern agreed with Commissioner Jackson on the issue of marketing and said that many consumers are unaware of services. She suggested that expansion of the Senior Centrals program be considered. She also spoke about those consumers who are low-income but do not qualify for Medi-Cal services.

Commissioner Zamora agreed on the need for increased outreach.

Commissioner Morrison suggested that it will be important to have support for consumers who do not use computers in accessing the web-based information system.

Commissioner Sanchez thanked the members of the community who have been involved in the dialogue, which is now a reality. He stated that the Commissions need to provide oversight, be supportive of staff and really listen to the community.

Commissioner Haile noted that the process of integrating LTC services is just beginning. The LTC Task Force has done a lot of planning but it remains to be seen how things will work. She suggested that the Commissions meeting again in the future to evaluate how the consolidation of county services and the implementation of improvements in the service delivery system are progressing.

Commissioner Brown noted the diversity of languages among consumers and suggested addressing language capacity in the planning process.

Commissioner Parker expressed that he is excited about the plans to improve LTC services. He noted that there have been complaints of fragmentation of services in the past and supported the notion of one-stop shopping.

Commissioner del Portillo thanked all who were involved in the planning process and agreed that the implementation of improvements in the service delivery system is only just beginning. He said that there is a lot of work ahead and that the Commissions need to be ready to provide support, including advocacy for increased funding.

Commissioner Gaines asked how DAAS will evaluate success. Ms. Nathan replied that there have been some successes already, such as receiving the grant for the web-based information system, which put the process ahead in terms of information and access. Program success will be achieved if consumers feel that they are getting the quality of services that they deserve, with a seamless process of accessing those services. Regarding feedback from consumers, Ms. Nathan said that she will look to the Continuum of Care Policy Committee to come up with an evaluative process.

Commissioner Guy asked if there is funding for evaluation. Ms. Nathan answered that a small amount of funding is built into programs for small-scale evaluation, but that as the process of forming the Department is completed, it will be necessary to advocate to the Mayor and Board of Supervisors for more resources.

Commissioner Parker expressed the importance of preventive health care, noting that many health care problems could be avoided if priorities were changed to increase prevention. He said that care is important, but that other needs, such as housing, nutrition and community involvement are important as well.

Commissioner Zamora reiterated that transportation is an important need as it can alleviate isolation.

Regarding Commissioner Gaines question about benchmarks for success, Commissioner Jackson suggested that another way to evaluate outcomes is to visit the sites that provide senior services to see the service, activity and nutrition that is provided. One measure of success is an increase in the numbers of consumers served by these programs.

In conclusion, Commissioner Guy said that DPH will collaborate, support and take part in strategic planning for the improvement of LTC services in San Francisco. She said that if DAAS would like a joint Commission meeting in six months that included a progress report, the Health Commission would be happy to participate.

ADJOURNMENT
There being no more business, President Guy adjourned the meeting at 4:35 p.m.

Respectfully submitted by,

Joanne Holland
Executive Assistant to the Director/Commission Secretary